

District of Columbia
Department of Health

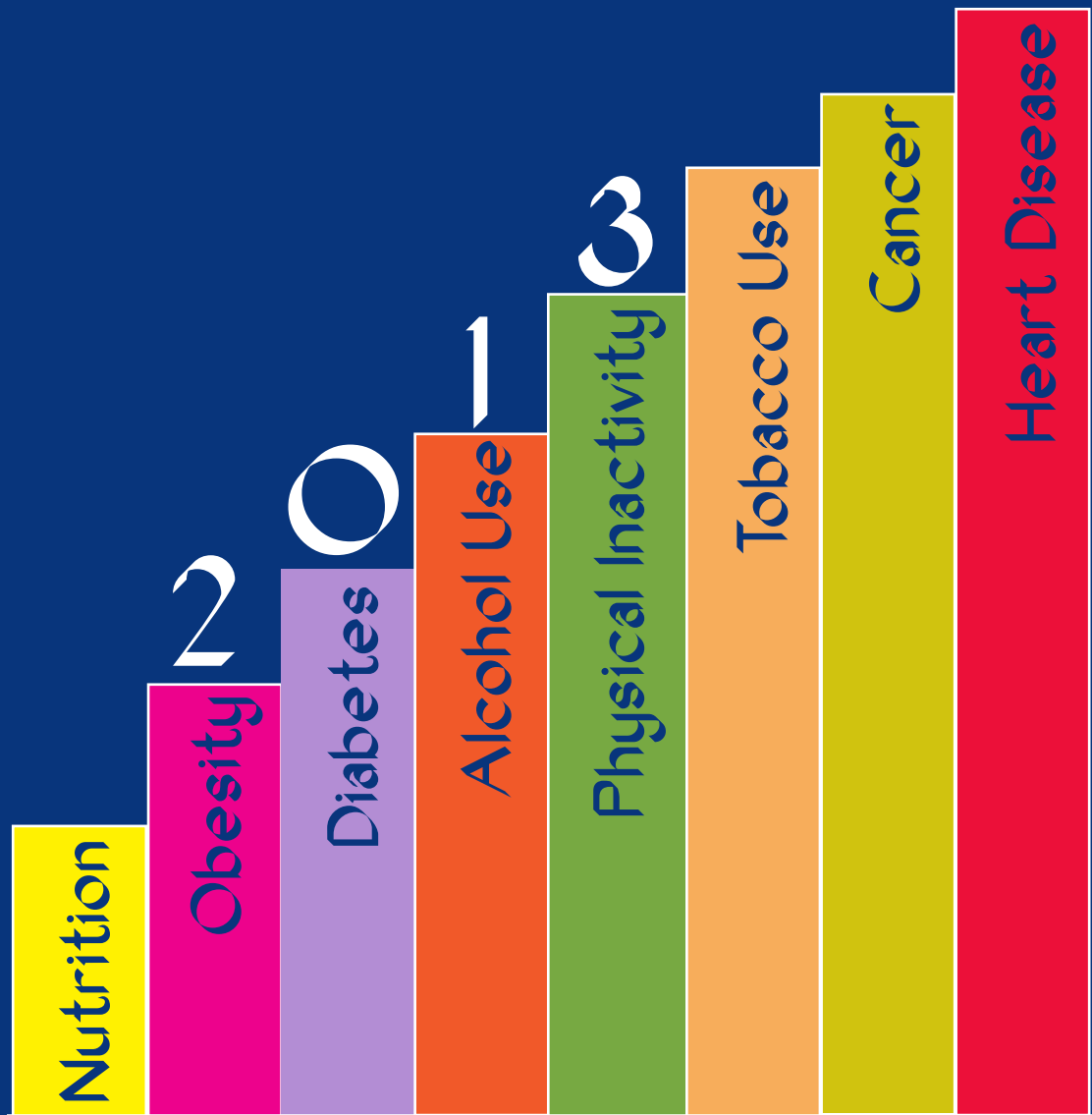
Annual Health



Report



Behavioral Risk Factor Surveillance System



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Executive Summary

The health of a community lies in its ability to address and act upon risk factors that debilitate its growth and development. Disparities and determinants, despite best efforts, continue to exist. Socioeconomic status, education, gender, race, and disabilities, are some of the factors that can result in health disparities in many communities. Consequently, identifying associated risks are paramount to removing disparities and barriers that exist among communities and populations.

Information for the BRFSS annual health report was obtained almost entirely from data captured and collected from the 2013 Behavioral Risk Factor Surveillance System (BRFSS) survey. The BRFSS is a CDC- sponsored health-risk landline and cell phone survey. Data collected from the survey are collected monthly in all 50 states, the District of Columbia, and three (3) territories and has been ongoing since 1984.

It is important to convey the significance of data captured from the BRFSS and how this data should be used to strategically improve the health of District residents and avoid future preventable health challenges. The annual report, therefore, is an illustration of obstacles that must be addressed. Data should drive decisions and be the foundation for how to best utilize resources. Many preventive diseases could be reduced if data were used appropriately to determine burden and drive the appropriate policy, intervention and programs.

In the District of Columbia

- Heart disease and cancer are the top two leading causes of death

Gender

- Females were more likely to be obese, physically inactive, have arthritis, asthma, diabetes, depression, COPD, and cancer and require special equipment as a result of a health problem compared to males
- Males were more likely to have no health care coverage, be binge and heavy drinkers, no tetanus shots since 2005, overweight, smoker and did not vote in the 2012 presidential election between President Barack Obama and Mitt Romney compared to females

Race/ethnicity

- African Americans were more likely to rate their health as fair or poor, have Medicare, high cholesterol, hypertension, be obese, physically inactive, smoke cigarettes, have arthritis, diabetes, kidney disease, a stroke, COPD, heart disease, a heart attack and a disability compared to other race/ethnic groups
- Hispanics were more likely to not have health care coverage, not see a doctor due to cost, be overweight, stressed or worried about not having enough money for nutritious foods and were unlikely to vote in the President election between President Barack Obama and Mitt Romney compared to other race/ethnic groups

Ward

- Residents who resided in Ward 8 were more likely to rate their health as fair or poor, have high cholesterol, be obese, physically inactive, cigarette smokers, diagnosed with arthritis, asthma, diabetes, kidney disease, depression, COPD, heart disease, have a stroke, have a heart attack and not vote in the 2012 presidential election between President Barack Obama and Mitt Romney compared to other wards
- In 2012, residents who resided in Ward 5 were more likely to die from heart disease, cancer and stroke, while residents who resided in Ward 7 were more likely to die from chronic lower respiratory disease, HIV/AIDS, homicide/assault, influenza or pneumonia, and residents who resided in Ward 8 were more likely to die from diabetes
- Residents who resided in Ward 2 were less likely to die from heart disease, cancer, stroke, accidents and chronic lower respiratory disease, while residents who resided in Ward 3 were less likely to die from diabetes, HIV/AIDS and homicides

Introduction

The goal of the Department of Health (DOH), is to promote, prevent, and protect the health and safety of residents, visitors and those doing business in the city. The Behavioral Risk Factor Surveillance System (BRFSS) is a vital surveillance tool that assists epidemiologists, statisticians, and policymakers in developing and promoting health education programs, secure funding to target at-risk populations, identify priority areas and gaps.

As a part of the Healthy People consortium, the BRFSS collects pertinent health information that aids in increasing public awareness and understanding of determinants of health, disease, injury and disability. The overall goal for Healthy People is to increase the longevity and quality of life and to eliminate health disparities. Healthy People also serves as a guide for the development of objectives used to measure progress of health outcomes over a ten year period.

To that end, key risk behaviors such as tobacco use, being physically inactive and poor diet, play a vital role in health decline. Many of these behaviors are tied to the District of Columbia's built environment minimizing residents quality of life and for decades has been a breeding ground for illness and disease. Implementing evidence-based strategies that increase residents ability to obtain his or her potential by eliminating the divide between those who are socially positioned and those who are not would change the trajectory of population health in the District and worldwide.

This report includes the District of Columbia hospitalizations, leading causes of death and Healthy People 2020 measures where applicable. Results from the core BRFSS, which includes chronic diseases, risk behaviors and preventive practices are gathered from the survey and aimed at reinforcing the urgency of maintaining healthy behaviors.

Survey Methodology

The Behavioral Risk Factor Surveillance System (BRFSS) is the largest health-risk behavior database in the world and provides the only nationwide health-risk data in the country. All 50 U.S. states, the District of Columbia, and three territories independently carry out this ongoing telephone survey, sponsored by the Centers for Disease Control and Prevention (CDC).

In 2011, new changes in methodology and data collection were made to increase the integrity and validity of the BRFSS and to ensure the data represented the current population. The two major changes to the BRFSS were:

- Including cell phones
- Adopting an advanced weighting method

Since 1984, the BRFSS used a statistical method called post-stratification. With the advancement of technology the program was able to adopt an advanced weighting method called iterative proportional fitting (raking).¹ Raking differs from post-stratification because it incorporates variables one at a time in an iterative process, rather than imposing weights for demographic subgroups in a single process.¹ A key component and advantage of the raking process is the ability to add more variables than the post stratification methods.

Changes from 2011 BRFSS data and moving forward will likely show somewhat higher rates in risk behaviors that are more common among younger populations or certain race/ethnic groups. The small increases in rates are more likely among health-risk indicators such as tobacco use, obesity, binge drinking, HIV, asthma, and health status.¹

Survey Questionnaire

The “core” questionnaire consists of a standard set of questions, designed by the CDC, that are included in the survey for every state. Core modules administered for the 2013 District of Columbia BRFSS were:

- Health Status
- Hypertension Screening
- Diabetes
- Overweight/Obesity
- Asthma
- Tobacco Use
- Alcohol Consumption
- HIV/AIDS
- Cholesterol Screening
- Skin Cancer
- Depression
- Seatbelt Use
- Inadequate Sleep
- Health Care Access
- Exercise
- Fruits and Vegetables
- Cardiovascular Disease Prevalence
- Disability
- Demographics
- Immunization
- Kidney Disease
- COPD
- Cancer
- Drinking and Driving
- Arthritis Burden

The CDC also designs “optional” modules. These modules consist of standardized questions on various topics and may be selected by any state for inclusion as a part of their questionnaire. However, a selected module must be used in its entirety and asked of all eligible residents. If an optional module is modified in any way, then the questions are treated as “state-added” questions. Optional modules included in the 2013 District of Columbia BRFSS were:

- Pre-diabetes
- Random Child Selection
- Cardiovascular Health
- Health Care Access
- Diabetes
- Child Asthma History
- Social Context

¹ Centers for Disease Control and Prevention - Behavioral Risk Factor Surveillance System - Cell phone Methodology - 2012

The survey was programmed and administered using the Computer-Assisted Telephone Interviewing (CATI) software designed specifically for telephone survey research. This type of software is called Survent and was developed by the Computers for Marketing Corporation (CfMC).

The survey consisted of 188 questions. Not all questions were administered to all residents; however, some questions were administered only to residents with certain characteristics, determined by responses to previous questions. The CATI software system controls this survey logic. The average survey length in 2013 was 26.9 minutes.

Response Rates

Response rates for the District of Columbia BRFSS are calculated according to formulas developed by the Council of American Survey Research Organizations (CASRO), as specified by the CDC. Three response rates are calculated:

- The cooperation rate measures how successful interviewers are at completing interviews once a respondent has been contacted and selected. The cooperation rate for the 2013 land-line survey was 45% and the cell phone cooperation rate was 66.2%.

Data Analyses

Data for the 2013 District of Columbia BRFSS were delivered to the CDC each month. The data were then aggregated and weighted after interviewing was completed for the year. Data were weighted to adjust for differences in the probabilities of selection of each respondent. This weight accounted for the probability of selection of a telephone number, the number of adults in a household, and the number of telephones in a household. An additional post-stratification adjustment was also made to ensure that the sample proportions of selected demographic characteristics (gender, age, and race) were equal to the estimated sample proportions in the population, and to make the sum of the weights equal to the population of the District of Columbia. In this report, all data are weighted unless otherwise noted.

Limitations of the Data

As with any sample survey, factoring in the confidence limit selected, the results of the District of Columbia BRFSS can vary from those that would have been obtained with a census of all adults living in telephone-equipped households. The results of this sample survey could differ from the “true” figures because some households cannot be reached at all and others refused to participate. These non-responding households may differ from residents (those who actually participate in the survey) in terms of attributes relevant to the study.

The sample-design used in the District of Columbia BRFSS results in a 95% confidence interval. In other words, 95 times out of 100, the BRFSS results will vary no more than a given number of percentage points from the figure that would have been obtained if data had been collected for all adults in District of Columbia households with telephones.

Small Numbers

Small numbers of residents are also an issue when analyzing data. A difference in the responses of only a few individuals can result in a large difference in percentage of the total for that group. Small numbers of residents in a group generally occur in one of two ways. First, very few residents in the total sample have a particular characteristic under analysis. Second, the survey logic limits the number of residents receiving a particular question, thereby reducing the number of residents in each analytical unit from that item. Where counts are less than 50 residents per subgroup, caution should be used in drawing conclusions from the data.

The survey population excludes adults:

- Do not reside in the District
- In penal, mental, or other institutions
- Contacted at a second home during a stay of less than 30 days
- Who do not speak English well enough to be interviewed
- Living in households without a land-line or cellular phone

District of Columbia Population

According to the 2012 Census population estimates, there were 646,449 people living in the District of Columbia. Of this population, 43.4% were White/Caucasian, 49.5% were Black/African American, 3.9% were Asian, and 10.1% were Hispanic. Of those residents in DC who were 25 or older, 52.4% have earned a bachelor's degree or higher (2013). The median household income was \$65,830 and 18.6% of persons lived at or below the poverty level (2009-2013).¹

Table 1. District of Columbia Population, Race and Income by Ward 2008-2012 US Census

Ward	Popula- tion	Median Income	Caucasian/ White	African American/ Black	Asian	Hispanic	Native Hawai- ian and other Pacific Islander	American Indian and Alaska Native	Some Other Race	Two or More Races
Ward 1	75,814	\$73,006	53.6	33.3	4.5%	22.0	0.2%	0.4	6.0	1.9
Ward 2	75,116	\$90,859	76.2	9.2	9.1%	9.4	0.0%	0.4	2.5	2.5
Ward 3	80,344	\$103,936	83.2	5.2	6.3%	7.9	0.0%	0.4	1.5	3.4
Ward 4	76,851	\$63,085	24.6	60.5	1.5%	18.3	0.0%	0.6	10.4	2.3
Ward 5	75,470	\$51,970	14.7	77.4	1.4%	7.2	0.0%	0.3	4.2	2.1
Ward 6	79,119	\$86,612	50.8	40.6	4.4%	5.4	0.2%	0.4	1.3	2.3
Ward 7	68,035	\$38,807	2.0	95.9	0.3%	2.0	0.0%	0.2	0.7	1.0
Ward 8	75,010	\$31,422	4.1	94.1	0.3%	1.5	0.0%	0.2	0.5	0.8

Note: *Hispanics can be of any race.

¹ Prepared by the Office of Planning State Data Center 2008-2012 American Community Survey (ACS) Key Demographic Indicators

District of Columbia BRFSS Survey Population

The DC BRFSS survey population was more likely to be:

- Female
- Aged 25-34
- African American
- College graduate
- Household income \$50,000 or more
- Resided in Ward 8

Table 2. 2013 BRFSS Survey Population - Aged 18 years and older

	%	95% CI	N
Gender			
Male	46.7%	44.3% - 49.0%	1939
Female	53.3%	51.0% - 55.7%	2992
Age			
18-24	12.8%	10.9% - 15.0%	158
25-34	27.4%	25.1% -29.8%	468
35-44	16.7%	15.2% -18.4%	659
45-54	14.9%	13.5% -16.3%	846
55-64	13.3%	12.2% -14.4%	1117
65 or older	14.9%	14.0% -15.9%	1683
Race/Ethnicity			
White	39.3%	37.0% - 41.5%	2211
African American	46.2%	43.9% - 48.5%	2181
Other	8.1%	6.8% - 9.7%	246
Hispanic	6.4%	5.2% - 7.9%	174
Education			
Less than high school	12.7%	10.9% -14.7%	318
High school graduate	18.5%	16.7% - 20.3%	777
Some college	20.6%	18.6% - 22.7%	732
College graduate	48.3%	46.0% - 50.6%	3077
Income			
Less than \$15,000	15.3%	13.4% - 17.4%	463
\$15,000-\$24,999	15.7%	14.0% - 17.7%	549
\$25,000-\$34,999	7.8%	6.5% - 9.3%	313
\$35,000-\$49,999	9.4%	7.9% - 11.1%	383
\$50,000 or more	51.8%	49.3% - 54.3%	2564
Ward			
Ward 1	10.5%	9.0% - 12.2%	390
Ward 2	8.3%	7.0% - 9.8%	400
Ward 3	12.6%	11.2% -14.1%	769
Ward 4	14.1%	12.5% -15.9%	611
Ward 5	13.3%	11.7% - 15.2%	485
Ward 6	13.2%	11.7% - 14.9%	565
Ward 7	13.5%	11.7% - 15.5%	475
Ward 8	14.5%	12.6% - 16.6%	427

Source: DC BRFSS 2013 survey

Hospitalizations in the District of Columbia

In 2013, half of the top nine (9) leading causes of hospitalizations were also among the top 10 leading causes of mortality in the District of Columbia for 2012 and 2013* (Tables 4 and 5). The extent and capacity of how the data are being collected and utilized vary by state. Currently, many states utilize hospital discharge data to estimate the financial burden of specific diseases and/or conditions; in addition, to conducting quality assessment and performance improvement activities designed to decrease disease burden. Hospital discharge data along with vital statistics and behavioral risk data provides an overarching assessment of a populations health. Nevertheless, the discharge data contains an abundance of information that transcends financial cost but more importantly provides information that could be utilized to promote effective preventive methods such as changes in diet, exercise, screenings, and checkups. States that utilize hospital discharge data to its full capacity are better equipped to make informed decisions on how to best utilize scarce resources, especially during times of economic hardship.

Table 3. 2013 Leading Causes of Hospitalizations in the District of Columbia

Rank	Condition/Disease	Number of Cases
1	Pregnancy Related	9,096
2	Heart Disease	5,602
3	Psychoses	5,601
4	Accidents and Poisoning	5,495
5	Chronic Lower Respiratory Disease	3,262
6	Cancer and Neoplasms	2,687
7	Pneumonia and Influenza	1,604
8	Diabetes	1,572
9	Cerebrovascular	1,401

*Preliminary data for the District of Columbia 2013 Leading Causes of Death has not been released for public review

Source: District of Columbia Hospital Association- Analysis conducted by the District of Columbia Department of Health, Center for Policy, Planning and Evaluation, State Health and Development Agency

Mortality in the District of Columbia

In 2012, there were 4,648 deaths to residents of the District of Columbia. In the District of Columbia, heart disease and cancer are the top two leading causes of death (Table 4). Mortality data are derived from death certificates, which contain demographic information such as the decedent's sex, race,¹ and the timing and cause of the death. The importance of mortality data provides a snapshot of one of three components of population change, the other two being fertility and migration. When used in conjunction with hospital discharge and risk behavior data, mortality data can be used as a proxy for measures of morbidity, which more accurately reflect the health status of a population.

**Table 4. Leading Causes of Death in
The District of Columbia, 2012**

Age-Adjusted Rate Per 100,000 Population				
DC Rank ¹	Cause of Death	Number	Crude Rate	Age-Adjusted
1	Heart Disease	1295	215.2	212.5
2	Malignant Neoplasms (Cancer)	1080	179.5	178.6
3	Cerebrovascular Diseases	206	34.2	31.1
4	Accidents	193	32.1	33.7
5	Diabetes	144	23.9	23.5
6	Chronic Lower Respiratory Diseases	139	23.1	20.5
7	Alzheimer's Disease	129	21.4	23.9
8	HIV/AIDS	96	16.0	15.4
9	(Assault) Homicides	84	14.0	12.1
10	Influenza and Pneumonia	76	12.6	11.6
Total	All Cause of Mortality	4647	772.3	758.0

¹ District of Columbia Department of Health, Center for Policy, Planning, and Evaluation, Data Management and Analysis Division

Mortality in the District of Columbia

Table 5. Number and Crude Death Rate by Ward: District of Columbia Residents, 2012¹

Causes of Death ²	DC	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Total Deaths³	4,648	366	269	429	712	889	561	747	645
Rate per 100,000 pop.	735.1	482.8	358.1	534.0	926.5	1,178.0	709.1	1,098.0	859.9
1. Heart Disease	1,296	101	64	104	178	273	162	209	195
Rate per 100,000 pop.	205.0	133.2	85.2	129.4	231.6	361.7	204.8	307.2	260.0
2. Cancer	1,081	87	76	111	182	197	127	152	146
Rate per 100,000 pop.	171.0	114.8	101.2	138.2	236.8	261.0	160.5	223.4	194.6
3. Stroke	206	19	13	19	33	35	30	32	23
Rate per 100,000 pop.	32.6	25.1	17.3	23.6	42.9	46.4	37.9	47.0	30.7
4. Accidents	193	14	13	21	33	30	26	29	26
Rate per 100,000 pop.	30.5	18.5	17.3	26.1	42.9	39.8	32.9	42.6	34.7
5. Diabetes	144	8	5	1	26	27	15	28	32
Rate per 100,000 pop.	22.8	10.6	6.7	1.2	33.8	35.8	19.0	41.2	42.7
6. Chronic Lower Respiratory Disease	139	11	6	21	26	15	19	28	13
Rate per 100,000 pop.	22.0	14.5	8.0	26.1	33.8	19.9	24.0	41.2	17.3
7. Alzheimer's Disease	129	4	6	30	32	31	11	11	4
Rate per 100,000 pop.	20.4	5.3	8.0	37.3	41.6	41.1	13.9	16.2	5.3
8. HIV/AIDS	96	12	7	2	7	16	11	21	20
Rate per 100,000 pop.	15.2	15.8	9.3	2.5	9.1	21.2	13.9	30.9	26.7
9. Homicide/Assault	84	7	1	0	2	11	8	27	28
Rate per 100,000 pop.	13.3	9.2	1.3	0.0	2.6	14.6	10.1	39.7	37.3
10. Influenza & Pneumonia	76	5	5	7	5	17	11	16	10
Rate per 100,000 pop.	12.0	6.6	6.7	8.7	6.5	22.5	13.9	23.5	13.3
All Other Causes	1,204	98	73	113	188	237	141	194	148

Notes: (1) Crude death rates are per 100,000 population, prepared by State Data Center, DC Office of Planning, based on: 2012 DC population estimates, U.S. Census Bureau; 2008-2012 American Community Survey (ACS) population estimates by Ward (Appendix 1).

(2) Rank based on number of deaths from the list of 113 Selected Causes of Death.

(3) Total will not add to 4,648 deaths due to unreported wards.

(4) Blue shaded areas show the highest death rates and purple areas show the lowest death rates by ward and disease.

Source: DC Department of Health, Center for Policy, Planning, and Evaluation, Data Management and Analysis Division, 2012.



Vision - Everyone works together to create an informed healthy and active community

Mission - District of Columbia Healthy People 2020 is a road map for improving the health of District residents and eliminating health disparities through collaboration with community groups and stakeholders all working together to identify health problems, develop strategies and take action.

The DC Healthy People 2020 provides measurable goals and objectives and local health improvement priorities. The District of Columbia, Community Health Needs Assessment (CHNA) has been identified as the framework to set the DC Healthy People 2020 decade objectives for improving health outcomes in the District and the nation. The BRFSS serves as one of the many tools aimed to measure progress of those health objectives. As District residents continue to suffer chronic illness, disabilities and premature death from major health problems, the BRFSS will serve as a major surveillance tool used to track progress towards achieving the DCHP 2020 goals and objectives.

The District of Columbia and National Healthy People 2020 share the focus to improve population health by:¹

- Achieving health equity
- Improving quality of life and life expectancy
- Focus on social determinants of health for biggest impact

DC Healthy People 2020 Topic Areas:

Access to Health Services	Foreign-Born Populations*	Nutrition, Weight Status and Physical Activity
Asthma	Healthcare-Associated Infections	Older Adults
Adolescent Health	Heart Disease and Stroke	Oral Health
Blood Disorders and Blood Safety*	Hepatitis	Preparedness and Response
Cancer	HIV/AIDS	Public Health Infrastructure
Diabetes	Immunization and Infectious Diseases	Sexually Transmitted Diseases
Disability Services	Injury and Violence Prevention	Sleep Health*
Emergency Medical Services	Lesbian, Gay, Bisexual and Transgender Health*	Social Determinants of Health*
Environmental Health	Maternal, Infant and Child Health	Substance Abuse
Food Safety	Mental Health and Mental Disorders	Tobacco Use

*New topic areas for DC HP2020 and the national HP2020

Where applicable, the District of Columbia BRFSS relevant question(s) and data are used to capture Healthy People 2020 goal attainment for the following areas.

- Access to Health Services
- Colorectal Cancer
- Cholesterol
- Hypertension
- Diabetes
- Immunization
- Weight Status
- Physical Activity
- Tobacco Use

Healthy People (HP) 2020 Objectives	BRFSS Question	HP 2020 Target	District of Columbia 2013	Goal Attainment
<i>Access to Health Services:</i> Increase the proportion of person with medical insurance	Do you have any kind of health care coverage, including health insurance prepaid plans such as HMOs or government plans such as Medicare, or Indian Health Service?	100%	91.3%	NOT MET
<i>Diabetes Education:</i> Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education, Aged 18 and older	Have you ever taken a course or class in how to manage your diabetes yourself?	62.5%	57.4%	NOT MET
<i>Arthritis Burden:</i> Reduce the mean level of joint pain among adults with doctor-diagnosed arthritis	During the past 30 days, how bad was your joint pain on average. Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.	5 mean pain level	4.88 mean level pain	GOAL ATTAINED
<i>Hypertension:</i> Reduce the proportion of adults with hypertension.	Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure?	26.9%	28.4%	NOT MET
<i>Cholesterol:</i> Reduce the proportion of adults with high total blood cholesterol levels	Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?	13.5%	34.0%	NOT MET
<i>Hypertension:</i> Increase the proportion of adults with hypertension who are taking the prescribed medications to lower their blood pressure	Are you currently taking medicine for your high blood pressure?	69.5%	73.6%	GOAL ATTAINED
<i>Immunization:</i> Increase the percentage of adults aged 18 and older who are vaccinated annually against seasonal influenza	During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?	70.0%	38.5%	NOT MET
<i>Pneumonia Vaccination:</i> Increase the percentage of non-institutionalized adults aged 65 years and older who are vaccinated against pneumococcal disease	A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?	90.0%	30.8%	NOT MET
<i>Weight Status-Healthy Weight:</i> Increase the proportion of adults who are at a healthy weight	How tall are you? and How much do you weigh?	33.9%	40.3%	GOAL ATTAINED
<i>Weight Status-Obesity:</i> Reduce the proportion of adults who are obese	How tall are you? and How much do you weigh?	30.3%	22.8%	GOAL ATTAINED
<i>Physical Activity:</i> Reduce the proportion of adults who engage in no leisure-time physical activity	During the past month, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise?	32.6%	19.5%	GOAL ATTAINED
<i>Current Smoker:</i> Reduce cigarette smoking by adults.	Respondents who reported having smoked at least 100 cigarettes in their lifetime and currently smoke.	12%	18.8%	NOT MET

Source: District of Columbia Behavioral Risk Factor Surveillance System (DC BRFSS) and National Healthy People 2020 Objectives

This chapter presents the results of the 2013 DC BRFSS survey by topic. Topics generally correspond to modules of the questionnaire @ <http://doh.dc.gov/service/behavioral-risk-factor-surveillance-system>

Data tables are titled by topic. The data presented in tables are stratified by key demographic variables (gender, age, race, education and income) and ward. Additional data for some topics are presented in table format, but may not be described in the text.

BRFSS topic related tables contain 95% confidence interval (CI) for each estimate/percentage. The 95% CI gives an estimated range of values which the true value falls within 95% certainty. In cases where confidence intervals for two subgroups do not overlap, the subgroups are said to be statistically different. However, it is possible for the confidence intervals to overlap and still be statistically different. In addition to CI, Chi Square test were used to determine statistical significance. Data estimates marked with two asterisks mean that the estimates are statistically significant with a p-value less than .05. Estimates not marked with an asterisk are considered not statistically significant.

The RSE is the standard error express as a fraction of the estimate and is usually displayed as a percentage. Estimates with a RSE of 30% or greater are subject to high sampling error and have been suppressed from data results.

Race/ethnicity - White/Caucasian, African American/Black, Other all refer to non-Hispanic

Race/ethnic group "Other" = American Indian, Alaska Native, Asian, Native Hawaiian, Pacific Islander, multiracial and other

Self assessed health status is a measure of how an individual perceives their health and a useful indicator in terms of: 1) absence of physical pain, physical disability, or a condition that is likely to cause death; 2) emotional well-being; and 3) satisfactory social functioning.¹

District adults were asked how they would rate their health. Overall, 12.8% of District adults reported that their health was fair or poor. (Table 6).

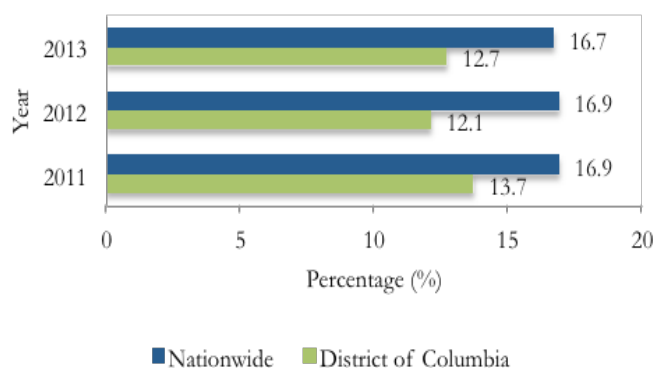
District adults who reported their health as fair or poor:

- No difference between gender**
- Aged 65 years or older
- African American
- Less than high school education
- Household income less than \$15,000
- Resided in Ward 8

**Not statistically significant

Since 2011, District adults who rated their health as fair or poor saw a slight 1% point decrease compared nationwide which showed no changes since 2011 (Figure 1).

Figure 1. Adults who Rated their Health as Fair or Poor, 2011-2013



Source: BRFSS survey

Table 6. District Adults who rated their health as fair or poor by demographics and ward, BRFSS 2013

	Fair or Poor		
	%	95% CI	N
Total	12.8%	11.3% -14.2%	4920
Gender			
Male	12.8%	10.6% - 15.3%	1934
Female	12.7%	11.0% - 14.5%	2986
Age**			
18-39	5.0%	3.4% - 7.4%	937
40-64	18.4%	15.9% - 21.1%	2218
65 or older	24.2%	21.3% - 27.4%	1676
Race/Ethnicity**			
White	3.9%	2.8% - 5.2%	2209
African American	21.9%	19.3% - 24.8%	2176
Other	7.7%	4.4% -13.1%	244
Hispanic	7.2%	3.4% -14.7%	173
Education**			
Less than high school	33.8%	26.8% -41.6%	314
High school graduate	20.4%	16.9% -24.5%	776
Some college	12.1%	9.6% -15.3%	731
College graduate	4.3%	3.4% -5.4%	3072
Income**			
Less than \$15,000	26.9%	21.6% - 33.0%	463
\$15,000-\$24,999	24.5%	19.3%- 30.5%	546
\$25,000-\$34,999	13.4%	9.3%- 18.9%	312
\$35,000-\$49,999	13.3%	8.5%- 20.1%	381
\$50,000 or more	3.8%	2.9%- 5.0%	2563
Ward**			
Ward 1	12.6%	8.2% -18.9%	390
Ward 2	8.9%	5.6% - 14.0%	400
Ward 3	4.2%	2.7% - 6.4%	767
Ward 4	17.4%	12.7% - 23.3%	610
Ward 5	17.0%	12.6% - 22.6%	484
Ward 6	7.9%	5.6% - 11.2%	564
Ward 7	17.6%	13.4% -22.7%	474
Ward 8	29.5%	23.0% - 36.9%	426

**Statistically significant

Source: DC BRFSS, 2013 survey

¹Measurement of Health Status. <http://www.rice.edu/projects/HispanicHealth/HealthStatus/HealthStat.html> Accessed September 16, 2014

Individuals who do not have health care coverage do not receive annual checkups or critical health screenings¹ in a timely manner that would detect many chronic diseases such as diabetes and cancer where early detection and treatment is vital.

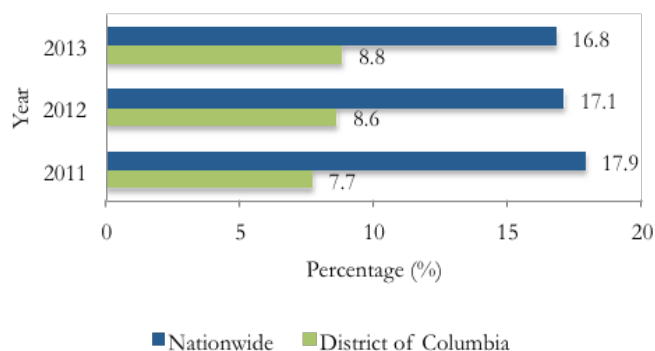
District adults were asked if they had any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health Service. Overall, 8.7% of District adults had no health care coverage (Table 7).

District adults who did not have health coverage were more likely to be:

- Male
- Aged 18-34 and 45-54
- Hispanic
- Less than a high school education
- Household income less than \$15,000
- Resided in Ward 7

From 2011-2013, adults who did not have health coverage increase slightly among District residents compared nationwide where rates saw a slight but steady decrease (Figure 2).

Figure 2. Adults who did not have Health Care Coverage, 2011-2013



Source: BRFSS survey

Table 7. District adults who had no health care coverage, by demographics and ward, BRFSS 2013

	No Health Care Coverage		
	%	95% CI	N
Total	8.7%	7.3% -10.5%	4918
Gender**			
Male	12.1%	9.6% - 15.2%	1929
Female	5.8%	4.4% - 7.7%	2989
Age**			
18-34	10.8%	8.0% - 14.5%	622
35-44	9.6%	6.7% - 13.7%	651
45-54	10.7%	7.8% - 14.5%	841
55-64	6.1%	3.7% - 9.7%	1036
65 or older	3.0%	1.6% - 5.8%	1681
Race/Ethnicity**			
White	3.2%	1.9% - 5.2%	2208
African American	12.8%	10.3% - 15.7%	2175
Other	6.6%	2.8% - 14.7%	243
Hispanic	17.7%	10.1% - 29.0%	173
Education**			
Less than high school	14.7%	8.9% - 3.4%	317
High school graduate	12.7%	9.3% - 7.2%	772
Some college	12.0%	8.6% - 6.6%	730
College graduate	4.2%	3.1% - 5.7%	3073
Income**			
Less than \$15,000	14.9%	10.1% - 21.3%	461
\$15,000-\$24,999	13.9%	9.5% - 19.8%	546
\$25,000-\$34,999	13.2%	7.3% - 22.7%	313
\$35,000-\$49,999	15.3%	9.5% - 23.9%	381
\$50,000 or more	3.3%	2.2% - 4.9%	2563
Ward			
Ward 1	8.1%	4.4% - 14.4%	390
Ward 2	4.7%	1.1% - 17.7%	400
Ward 3	4.8%	2.2% - 10.3%	767
Ward 4	8.9%	5.0% - 15.6%	610
Ward 5	8.6%	5.4% - 13.3%	484
Ward 6	4.4%	2.2% - 8.5%	565
Ward 7	15.3%	9.5% - 3.6%	473
Ward 8	7.6%	4.4% - 2.6%	425

**Statistically significant

Source: DC BRFSS 2013 survey

¹<http://www.mchb.hrsa.gov/whusa11/hsu/downloads/pdf/w11hsu.pdf>
HRSA – Women’s Health USA 2011

District adults were asked if they had one person they thought of as their personal doctor or health care provider. Overall, 23.8% of District adults did not have their own personal health care provider (Table 8).

District adults who were less likely to have their own personal health care provider were:

- Male
- Aged 18-34
- Hispanic
- Have less than a high school diploma
- Household income less than \$15,000
- Resided in Ward 5

Table 8. District adults who do not have one person they think of as their personal health care provider by demographics and ward, BRFSS 2013

	No Personal Health Care Provider		
	%	95% CI	N
Total	23.8%	21.6% -26.1%	4905
Gender**			
Male	31.1%	27.6% -34.8%	1929
Female	17.4%	14.9% -20.1%	2976
Age**			
18-34	36.7%	32.3% -41.4%	624
35-44	21.9%	17.6% -27.0%	648
45-54	16.3%	12.7% -20.6%	843
55-64	11.4%	8.2% -15.7%	1034
65 or older	9.3%	7.1% -12.1%	1669
Race/Ethnicity			
White	22.0%	18.9% -25.5%	2206
African American	23.3%	20.1% -26.9%	2167
Other	30.5%	22.3% -40.2%	245
Hispanic	31.1%	21.5% -42.7%	172
Education			
Less than high school	28.4%	20.7% -37.5%	315
High school graduate	25.2%	20.5% -30.6%	768
Some college	24.5%	19.5% -30.3%	730
College graduate	21.7%	19.1% -24.5%	3066
Income**			
Less than \$15,000	32.5%	25.8% -40.0%	462
\$15,000-\$24,999	25.3%	19.4% -32.2%	545
\$25,000-\$34,999	31.0%	22.3% -41.3%	312
\$35,000-\$49,999	31.4%	23.0% -41.3%	380
\$50,000 or more	18.1%	15.5% -21.0%	2557
Ward			
Ward 1	17.7%	12.0% -25.2%	388
Ward 2	19.8%	12.2% -30.5%	399
Ward 3	11.7%	7.7% -17.3%	768
Ward 4	18.6%	12.9% -26.0%	610
Ward 5	23.9%	17.4% -31.9%	480
Ward 6	16.1%	11.6% -22.0%	562
Ward 7	22.4%	15.9% -30.6%	471
Ward 8	20.7%	14.6% -28.7%	425

** Statistically significant

Source: DC BRFSS 2013 survey

District adults were asked if there was a time in the past 12 months when they needed to see a doctor but could not because of cost. Overall, 10.8% of District adults did not see a doctor due to cost (Table 9).

District adults who were less likely to see a doctor due to cost were:

- Males
- Aged 45-54
- Hispanic
- High school graduate
- Household income less than \$25,000
- Resided in Ward 8

Table 9. District adults who could not see a doctor due to cost by demographics and ward, BRFSS 2013

	Could Not See a Doctor		
	%	95% CI	N
Total	10.8%	9.3% - 12.4%	4920
Gender			
Male	11.5%	9.3% -14.2%	1935
Female	10.1%	8.2% -12.4%	2985
Age**			
18-34	12.6%	9.7% -16.1%	625
35-44	10.3%	7.4% -14.1%	651
45-54	15.1%	11.5% -19.5%	844
55-64	7.2%	5.2% -9.9%	1035
65 or older	5.1%	3.5% -7.4%	1676
Race/Ethnicity**			
White	5.7%	4.2% -7.8%	2209
African American	14.4%	11.9% -17.2%	2174
Other	9.1%	5.3% -15.1%	246
Hispanic	14.7%	8.4% -4.4%	172
Education**			
Less than high school	14.7%	9.4% -22.2%	315
High school graduate	17.9%	14.0% -2.7%	775
Some college	12.8%	9.4% -7.4%	730
College graduate	6.1%	4.8% -7.8%	3074
Income**			
Less than \$15,000	18.4%	13.1% -5.2%	461
\$15,000-\$24,999	18.6%	14.0% -4.2%	546
\$25,000-\$34,999	17.5%	11.5% -25.5%	312
\$35,000-\$49,999	10.8%	6.7% -16.9%	383
\$50,000 or more	4.8%	3.5% -7%	2564
Ward**			
Ward 1	7.7%	4.2% -3.8%	389
Ward 2	*	*	*
Ward 3	5.2%	2.9% -9.2%	767
Ward 4	10.3%	6.8% -15.4%	610
Ward 5	13.9%	9.7% -19.6%	484
Ward 6	8.2%	5.1% -13.0%	565
Ward 7	11.4%	6.9% -18.2%	473
Ward 8	17.3%	11.6% -25.0%	425

* RSE greater than 0.3 or numerator less than 20

** Statistically significant

Source: DC BRFSS 2013 survey

District adults were asked other than cost, what was the reason they delayed getting medical care. Overall, 9.7% of District adults delayed getting medical care because they were unable to get an appointment in a timely manner (Table 10).

District adults who more likely to delay medical care because they were unable to get an appointment in a timely manner were:

- Female
- Aged 18-39 years old
- Race/ethnicity group “Other”
- College graduate
- Household income \$50,000 or more
- Resided in Ward 1

Overall, 6% of District adults delayed medical care due to lack of transportation.

District adults who delayed getting medical care due to lack of transportation were:

- Female
- Aged 45-64 years old
- African American
- Have less than a high school education
- Household income less than \$15,000
- Resided in Ward 8

Table 10. District adults who delayed getting medical care by demographics and ward, BRFSS 2013

	Could not get an appointment soon enough		Did not have transportation		N
	%	95% CI	%	95% CI	
Total	9.7%	8.4% - 11.1%	6.0%	4.9% - 7.5%	4804
Gender					
Male	7.4%	5.8% - 9.2%	5.7%	4.0% - .2%	1871
Female	11.6%	9.7% - 3.9%	6.3%	4.9% - 8.1%	2933
Age**					
18-39	11.5%	9.2% - 14.4%	5.6%	3.6% - 8.6%	853
40-64	9.9%	8.3% - 11.8%	6.6%	5.2% - 8.4%	2193
65 or older	3.1%	2.2% - 4.3%	5.5%	3.9% - 7.7%	1670
Race/Ethnicity**					
White	11.5%	9.4% - 14.0%	1.3%	.6% - 2.8%	2141
African American	6.9%	5.5% - 8.7%	10.6%	8.4% - 13.3%	2145
Other	14.1%	8.5% - 22.4%	*	*	*
Hispanic	8.8%	4.9% - 15.2%	*	*	*
Education**					
Less than high school	*	*	15.1%	9.7% - 22.6%	311
High school graduate	9.1%	6.4% - 12.6%	12.2%	9.0% - 16.2%	764
Some college	6.7%	4.4% - 10.0%	5.9%	3.7% - 9.3%	711
College graduate	12.2%	10.4% - 14.4%	1.0%	.6% - 1.7%	2994
Income**					
Less than \$15,000	9.6%	5.8% - 15.5%	14.4%	10.4% - 19.6%	452
\$15,000-\$24,999	9.6%	6.4% - 14.2%	12.8%	8.8% - 18.3%	541
\$25,000-\$34,999	6.6%	3.8% - 11.1%	*	*	*
\$35,000-\$49,999	3.9%	1.8% - 8.3%	*	*	*
\$50,000 or more	11.8%	9.8% - 14.1%	*	*	*
Ward**					
Ward 1	14.2%	9.3% - 20.9%	*	*	*
Ward 2	10.9%	6.9% - 16.9%	*	*	*
Ward 3	6.8%	4.7% - 9.7%	*	*	*
Ward 4	6.0%	3.5% - 9.9%	*	*	*
Ward 5	10.4%	6.6% - 15.8%	7.2%	4.3% - 11.7%	482
Ward 6	12.3%	8.6% - 17.3%	2.7%	1.5% - 4.8%	562
Ward 7	6.1%	4.0% - 9.2%	11.4%	6.8% - 18.3%	469
Ward 8	10.5%	6.2% - 17.4%	13.5%	9.0% - 19.9%	423

*RSE greater than 0.3 or numerator less than 20

** Statistically significant

Source: DC BRFSS 2013 survey

BRFSS Data Findings

District adults were asked if they had Medicare. Overall, 30.3% of District adults had Medicare (Table 11).

District adults who were more likely to have Medicare were:

- Female
- Adults aged 65 or older
- African American
- Have less than a high school education
- Household income less than \$15,000
- Resided in Wards 7 and 8

Table 11. District adults who have Medicare by demographics and ward, BRFSS 2013

	Have Medicare		
	%	95% CI	N
Total	30.3%	28.3%-32.4%	4569
Gender			
Male	29.9%	26.7%-33.3%	1751
Female	30.6%	28.1%-33.3%	2818
Age**			
18-39	15.5%	12.3%-19.5%	777
40-64	20.3%	17.6%-23.4%	2069
65 or older	87.9%	85.5%-90.0%	1644
Race/Ethnicity**			
White	16.6%	15.1%-18.3%	2095
African American	43.2%	39.7%-46.7%	1991
Other	21.1%	14.8%-29.3%	225
Hispanic	27.8%	17.3%-41.5%	147
Education**			
Less than high school	57.8%	49.0%-66.1%	291
High school graduate	42.6%	37.2%-48.1%	688
Some college	32.5%	27.4%-38.1%	668
College graduate	17.6%	16.2%-19.2%	2900
Income**			
Less than \$15,000	55.0%	47.2%-62.5%	410
\$15,000-\$24,999	49.3%	42.4%-56.2%	488
\$25,000-\$34,999	36.1%	28.4%-44.7%	279
\$35,000-\$49,999	29.7%	22.7%-37.9%	338
\$50,000 or more	14.6%	13.1%-16.2%	2453
Ward**			
Ward 1	22.9%	16.8%-30.5%	367
Ward 2	19.7%	15.6%-24.5%	390
Ward 3	31.0%	26.1%-36.5%	751
Ward 4	35.8%	30.1%-42.0%	584
Ward 5	35.1%	28.7%-42.1%	454
Ward 6	25.3%	20.4%-31.0%	544
Ward 7	43.9%	36.6%-51.5%	434
Ward 8	43.7%	36.2%-51.6%	398

** Statistically significant

Source: DC BRFSS 2013 survey

BRFSS Data Findings

District adults were asked if in the past 12 months at any time, they did not have any health insurance or coverage. Overall, 7.1% were without health care coverage at some point within the past 12 months (Table 12).

District adults who were less likely to have health care coverage at some point within the past 12 months were:

- Male
- Aged 18-39 years old
- African American
- High school graduate
- Household income \$15,000-\$24,999
- Resided in Ward 8

Table 12. District adults who did not have health insurance or coverages at some point during the past 12 months by demographics and ward, BRFSS 2013

	No Health Coverage		
	%	95% CI	N
Total	7.1%	5.8% - 8.7%	4517
Gender			
Male	8.8%	6.6%-11.6%	1764
Female	5.7%	4.3%-7.6%	2835
Age**			
18-39	10.6%	8.1%-13.9%	789
40-64	5.4%	4.0%-7.3%	2076
65 or older	1.6%	1.0%-2.6%	1652
Race/Ethnicity**			
White	3.5%	2.2%-5.3%	2107
African American	9.2%	7.1%-12.0%	2007
Other	8.4%	4.3%-16.0%	225
Education**			
High school graduate	12.2%	8.6%-16.9%	700
Some college	8.4%	5.4%-11.3%	669
College graduate	4.6%	3.3%-6.3%	2915
Income**			
Less than \$15,000	9.7%	6.1%-15.1%	415
\$15,000-\$24,999	11.9%	7.4%-18.6%	488
\$25,000-\$34,999	*	*	*
\$35,000-\$49,999	*	*	*
\$50,000 or more	4.2%	2.9%-6.1%	2464
Ward			
Ward 1	*	*	*
Ward 2	*	*	*
Ward 3	*	*	*
Ward 4	6.9%	3.8%-12.2%	583
Ward 5	7.7%	4.5%-12.8%	455
Ward 6	5.7%	3.2%-10.0%	547
Ward 7	7.6%	4.1%-13.6%	438
Ward 8	10.0%	5.5%-17.3%	401

Hispanic - suppressed numerator less than 20

* RSE greater than 0.3 or numerator less than 20

**Statistically significant

Source: DC BRFSS 2013 survey

BRFSS Data Findings

District adults were asked if there was a time in the past 12 months when they did not take their medication as prescribed due to cost. Overall, 6.9% of District adults could not get their medicine due to cost (Table 13).

District adults who were less likely to get their medicine due to cost were:

- Male
- Aged 18-39 years old
- Hispanic
- High school education
- Household income less than \$15,000
- Resided in Ward 8

Table 13. District adults who could not get their medicine due to cost by demographics and ward, BRFSS 2013

	No Medicine Due to Cost		
	%	95% CI	N
Total	6.9%	5.7%-8.2%	4828
Gender			
Male	7.0%	5.3%-9.2%	1888
Female	6.7%	5.2%-8.7%	2940
Age**			
18-39	8.1%	5.9%-11.0%	857
40-64	7.1%	5.7%-8.8%	2204
65 or older	2.9%	2.0%-4.2%	1678
Race/Ethnicity**			
White	3.5%	2.3%-5.1%	2145
African American	8.4%	6.7%-10.5%	2163
Education**			
Less than high school	7.2%	3.8%-3.0%	314
High school graduate	12.4%	9.1%-16.7%	771
Some college	7.0%	4.6%-10.6%	717
College graduate	4.4%	3.2%-5.9%	3001
Income**			
Less than \$15,000	13.3%	8.8%-19.6%	456
\$15,000-\$24,999	9.1%	6.0%-13.6%	543
\$25,000-\$34,999	9.8%	5.5%-17.0%	304
\$35,000-\$49,999	10.3%	5.8%-17.7%	370
\$50,000 or more	3.7%	2.5%-5.3%	2503
Ward**			
Ward 1	*	*	*
Ward 2	*	*	*
Ward 3	*	*	*
Ward 4	5.6%	3.3%-9.2%	611
Ward 5	6.5%	3.9%-10.6%	484
Ward 6	6.5%	3.7%-11.1%	563
Ward 7	10.1%	6.3%-15.8%	474
Ward 8	15.5%	10.2%-22.8%	426

* RSE greater than 0.3 or numerator less than 20

** Statistically significant

Source: DC BRFSS 2013 survey

BRFSS Data Findings

District adults were asked to rate their satisfaction with the health care they received. Overall, 4.0% of District adults were not satisfied with the care they received (Table 14).

District adults who were less likely to be satisfied with the care they received were:

- Male
- Aged 18-39 years old
- African American
- Have less than a high school education
- Household income \$15,000-\$24,999

Table 14. District adults who were not satisfied with the health care they received by demographics and ward, BRFSS 2013

	Not at all satisfied		
	%	95% CI	N
Total	4.0%	3.0%-5.3%	4781
Gender			
Male	4.7%	3.2%-6.9%	1862
Female	3.4%	2.3%-5.1%	2919
Age**			
18-39	5.3%	3.5%-7.9%	850
40-64	3.7%	2.6%-5.4%	2190
65 or older	1.5%	.8%-3.0%	1656
Race/Ethnicity			
White	2.1%	1.2%-3.8%	2131
African American	4.4%	3.1%-6.3%	2141
Education			
Less than high school	6.2%	3.0%-12.3%	311
High school graduate	5.9%	3.6%-9.4%	757
Some college	*	*	*
College graduate	2.9%	1.9%-4.5%	2979
Income**			
Less than \$15,000	6.4%	3.5%-11.3%	455
\$15,000-\$24,999	7.7%	4.5%-12.7%	532
\$25,000-\$34,999	*	*	*
\$35,000-\$49,999	*	*	*
\$50,000 or more	1.8%	1.0%-3.2%	2491

Ward - suppressed, numerator less than 20

* RSE greater than 0.3 or numerator less than 20

** Statistically significant

Source: DC BRFSS 2013 survey

BRFSS Data Findings

District adults were asked if they currently have medical bills that are being paid off over time. Overall, 12% of District adults have medical bills (Table 15).

District adults who were more likely to have medical bills being paid over time were:

- Female
- Aged 18-39 years old
- African American
- High school graduate
- Household income \$25,000-\$34,999
- Resided in Ward 8

Table 15. District adults who have medical bills being paid off over time by demographics and ward, BRFSS 2013

	Have Medical Bills		
	%	95% CI	N
Total	12.0%	10.5%-13.7%	4813
Gender**			
Male	10.1%	8.1%-12.5%	1879
Female	13.7%	11.6%-16.1%	2934
Age			
18-39	13.3%	10.5%-16.6%	854
40-64	11.4%	9.6%-13.5%	2202
65 or older	9.9%	7.8%-12.5%	1671
Race/Ethnicity**			
White	4.9%	3.5%-7.0%	2140
African American	16.9%	14.4%-19.7%	2155
Other	11.6%	6.8%-19.1%	239
Hispanic	14.9%	8.4%-25.1%	166
Education**			
Less than high school	14.6%	9.8%-21.1%	314
High school graduate	18.2%	14.2%-22.9%	766
Some college	15.8%	11.9%-20.6%	714
College graduate	7.1%	5.8%-8.7%	2994
Income**			
Less than \$15,000	14.7%	10.2%-20.7%	454
\$15,000-\$24,999	18.0%	13.5%-23.7%	542
\$25,000-\$34,999	20.0%	13.5%-28.6%	303
\$35,000-\$49,999	14.4%	9.7%-20.9%	369
\$50,000 or more	7.6%	6.0%-9.7%	2503
Ward**			
Ward 1	9.3%	5.4%-15.8%	390
Ward 2	9.5%	4.8%-17.8%	398
Ward 3	5.6%	3.4%-8.9%	766
Ward 4	8.4%	5.9%-11.7%	610
Ward 5	16.1%	11.7%-21.9%	483
Ward 6	12.7%	8.1%-19.3%	562
Ward 7	15.9%	11.1%-22.4%	472
Ward 8	18.2%	12.9%-24.9%	425

** Statistically significant

Source: DC BRFSS 2013 survey

Binge drinking (defined as consuming 4 or more alcoholic beverages per occasion for women or 5 or more drinks per occasion for men).

Excessive alcohol use has led to approximately 88,000 deaths, 2006 – 2010.¹ Excessive drinking contributes to over 54 different injuries and diseases, including car crashes, violence, and sexually-transmitted diseases.¹

Health Effects²

- Brain
- Heart
- Liver
- Pancreas
- Weaken Immune System

BRFSS Data Findings

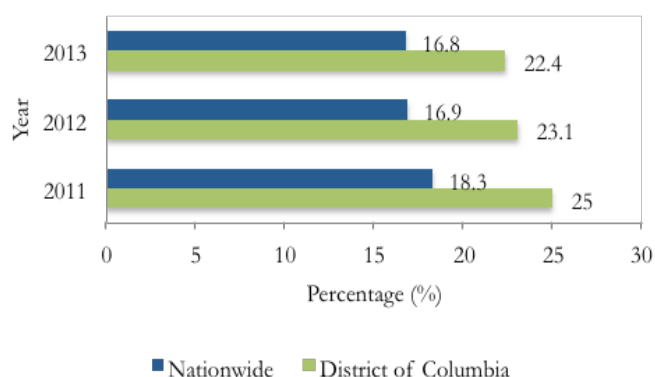
District adults were asked if they had any type of alcohol beverage within past 30 days and how many drinks they had on average to determine if they were binge drinkers. Overall, 22.4% of District adults were binge drinkers (Table 16).

District adults who were more likely to be binge drinkers were:

- Male
- Aged 18-34 years old
- White
- College graduate
- Household income \$35,000 or more
- Resided in Wards 1 and 2

Binge drinking among adults in the District of Columbia and nationwide have seen a slight but steady decline from 2011-2013 (Figure 3).

Figure 3. Adults who were Binge Drinkers, 2011-2013



Source: BRFSS survey

Table 16. District residents who are binge drinkers by demographics and ward, BRFSS 2013

	Binge Drinker		
	%	CI	N
Total	22.4%	20.3%- 24.6%	4591
Gender**			
Male	28.2%	24.8% -31.8%	1818
Female	17.1%	14.7% -19.9%	2773
Age**			
18-34	33.5%	29.1% -38.2%	580
35-44	25.0%	20.6% -30.0%	608
45-54	18.1%	14.2% -22.8%	787
55-64	10.5%	7.8% -14.0%	957
65 or older	5.1%	3.9% -6.6%	1583
Race/Ethnicity**			
White	32.2%	28.6% -35.9%	2096
African American	14.5%	11.9% -17.7%	2004
Other	19.7%	12.8% -29.1%	226
Hispanic	25.1%	16.8% -35.8%	162
Education Level**			
Less than high school	14.6%	8.8% -23.3%	289
High school graduate	12.6%	9.0% -17.5%	696
Some college	22.5%	17.5% -28.4%	678
College graduate	27.9%	25.1%-30.9%	2908
Income Level**			
Less than \$15,000	16.6%	11.4% -23.5%	427
\$15,000-\$24,999	18.1%	12.7%-25.3%	500
\$25,000-\$34,999	10.7%	6.1% -18.1%	295
\$35,000-\$49,999	28.3%	19.9% -38.5%	355
\$50,000	28.5%	25.5% -31.8%	2444
Ward			
Ward 1	25.5%	18.0% -34.8%	366
Ward 2	25.1%	18.0% -33.7%	376
Ward 3	18.5%	14.0%-24.0%	734
Ward 4	14.7%	10.3%-20.4%	567
Ward 5	15.8%	10.3% -23.5%	458
Ward 6	18.9%	14.2% -24.7%	536
Ward 7	14.2%	9.1% -21.6%	439
Ward 8	16.2%	10.3% -24.4%	380

**Statistically significant

Source: DC BRFSS 2013 survey

¹<http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm> Alcohol and Public Health - Fact Sheets-Alcohol Use and Your Health Accessed September 16, 2014

²National Institute on Alcohol Abuse and Alcoholism

<http://www.niaaa.nih.gov/alcohol-health/alphas-effects-body>

Heavy drinking has a negative effect on individuals health, which contributes to health conditions like, liver disease or cirrhosis of the liver, brain damage or dementia, high blood pressure, irregular heart beat and cancer.¹ Alcohol has been linked specifically to head and neck cancers, breast, colon and liver cancer.¹

To classify an individual as a heavy drinker, District adults were asked how many drinks they consumed per day. Women who drank one or more drinks and men who had two or more drinks per day were considered heavy drinkers. Overall, 6.4% of District adults were heavy drinkers (Table 17).

Health Effects²

- Brain
- Heart
- Liver
- Pancreas
- Weaken Immune System

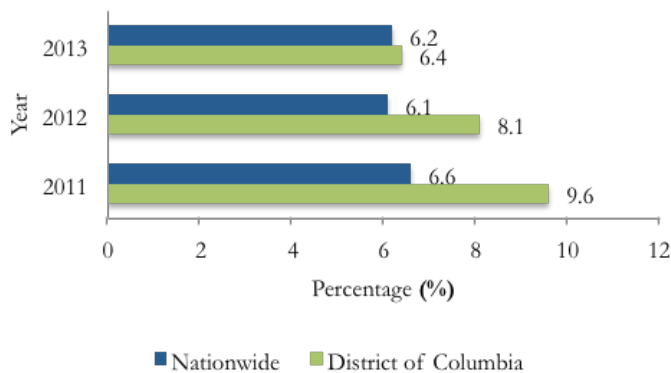
BRFSS Data Findings

District adults who were more likely to be heavy drinkers were:

- Female
- Aged 18-34 years old
- White
- College graduate
- Resided in Ward 3

The District saw a 3.2% point decrease among heavy drinkers compared nationwide where rates have fluctuated between 0.4-0.5% points from 2011-2013 (Figure 4).

Figure 4. Adults who were Heavy Drinker, 2011-2013



Source: BRFSS survey

Table 17: Adults heavy drinkers by demographics and ward, BRFSS 2013

	Heavy Drinker		
	%	95% CI	N
Total	6.4%	5.4%-7.7%	4581
Gender			
Male	5.8%	4.3%-7.8%	1810
Female	7.0%	5.7%-8.7%	2771
Age			
18-34	7.5%	5.4%-10.3%	578
35-44	5.8%	4.0%-8.4%	607
45-54	6.4%	4.2%-9.6%	787
55-64	4.9%	3.7%-6.5%	952
65 or older	5.8%	4.7%-7.2%	1580
Race/Ethnicity**			
White	11.7%	9.5%-14.2%	2091
African American	2.6%	1.7%-4.0%	2007
Education**			
Less than high school	*	*	*
High school graduate	3.4%	1.7%-6.7%	707
Some college	4.2%	2.5%-7.0%	674
College graduate	9.6%	8.0%-11.6%	2892
Ward			
Ward 1	7.0%	3.8%-12.6%	362
Ward 2	5.5%	2.9%-10.1%	374
Ward 3	11.2%	8.1%-15.3%	732
Ward 4	*	*	*
Ward 5	*	*	*
Ward 6	*	*	*
Ward 7	*	*	*
Ward 8	*	*	*

* Cell size less than 50 respondents or RSE is greater than 30

** Statistically significant

Source: DC BRFSS 2013 survey

¹http://alcoholism.about.com/od/effect/a/alcohol_harm.htm about health. What are the risks of heavy drinking? Accessed September 16, 2014

²National Institute on Alcohol Abuse and Alcoholism <http://www.niaaa.nih.gov/alcohol-health/alcohols-effects-body>

An estimated 71 million Americans have high cholesterol.¹ Individuals who have high cholesterol are at risk for heart disease and stroke, two leading causes of death in the United States.²

Risk Factors³

- Smoking
- Obesity
- Large waist circumference
- Poor diet
- Lack of exercise
- Diabetes

District adults were asked if they had ever been told by a doctor, nurse or other health professional that their blood cholesterol was high. Overall, 34% of District adults had high cholesterol (Table 18).

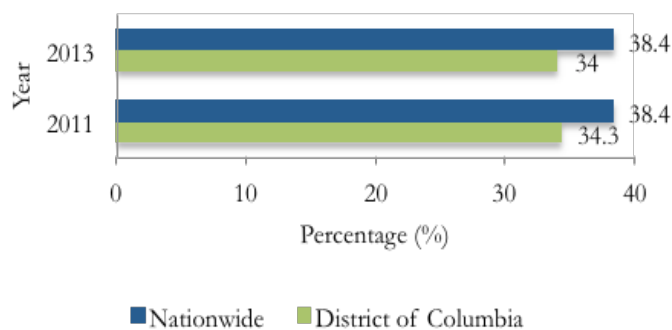
BRFSS Data Findings

District adults more likely to have high cholesterol were:

- Male
- Aged 65 or older
- African American
- Have less than a high school education
- Household income less than \$15,000
- Resided in Ward 8

There were no changes nationwide or in the District of Columbia among adults who had high cholesterol from 2011-2013 (Figure 5).

Figure 5. Adults who had high cholesterol, 2011 and 2013



Source: BRFSS survey

Table 18. District adults who had high cholesterol by demographics and ward, BRFSS 2013

	High Cholesterol		
	%	95% CI	N
Total	34.0%	31.9%-36.2%	4481
Gender			
Male	35.6%	32.3%-39.1%	1735
Female	32.6%	29.9%-35.5%	2746
Age**			
18-39	17.2%	13.9%-21.2%	712
40-64	42.2%	39.1%-45.3%	2082
65 or older	55.2%	51.9%-58.4%	1608
Race/Ethnicity**			
White	30.9%	28.0%-34.0%	2056
African American	38.4%	35.1%-41.8%	1964
Other	34.0%	25.1%-44.1%	211
Hispanic	22.6%	15.3%-32.1%	148
Education**			
Less than high school	52.9%	44.3%-61.4%	274
High school graduate	33.3%	28.5%-38.5%	660
Some college	30.5%	25.6%-35.9%	667
College graduate	31.4%	29.0%-34.0%	2857
Income**			
Less than \$15,000	43.6%	36.1%-51.4%	394
\$15,000-\$24,999	40.2%	33.8%-46.9%	468
\$25,000-\$34,999	32.4%	24.3%-41.8%	281
\$35,000-\$49,999	24.3%	18.3%-31.5%	336
\$50,000 or more	31.1%	28.5%-33.9%	2412
Ward**			
Ward 1	29.7%	22.9%-37.5%	364
Ward 2	33.2%	26.1%-41.3%	377
Ward 3	37.4%	32.4%-42.6%	730
Ward 4	35.9%	30.3%-42.0%	562
Ward 5	35.5%	29.1%-42.5%	447
Ward 6	40.5%	34.4%-46.8%	523
Ward 7	40.6%	33.0%-48.7%	423
Ward 8	42.3%	35.1%-49.8%	383

** Statistically significant

Source: DC BRFSS 2013 survey

¹CDC. High Cholesterol. <http://www.cdc.gov/cholesterol/> Accessed September 22, 2014

²CDC. MMWR. Trends in Cholesterol Screening and Awareness of High Blood Cholesterol <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5435a2.htm> Accessed September 22, 2014

³Mayo Clinic - High Cholesterol Risk - <http://www.mayoclinic.org/diseases-conditions/high-blood-cholesterol/basics/risk-factors/con-20020865>

BRFSS Data Findings

District adults were asked if they had ever had their blood cholesterol checked. Overall, 16.4% of District adults never had their cholesterol checked (Table 19).

District adults who were less likely to have their cholesterol checked were:

- Male
- Aged 18-39 years old
- Race/ethnicity - Other
- Have less than a high school education
- Household income \$15,000-\$24,999
- Resided in Ward 7

Table 19. District adults who never had their cholesterol checked by demographics and ward, BRFSS 2013

	Never had cholesterol checked		
	%	95% CI	N
Total	16.4%	14.4%-18.7%	4805
Gender**			
Male	19.5%	16.4%-23.2%	1901
Female	13.6%	11.2%-16.5%	2904
Age**			
18-39	26.5%	22.8%-30.6%	889
40-64	8.6%	6.5%-11.2%	2187
65 or older	4.2%	2.5%-6.9%	1642
Race/Ethnicity**			
White	10.2%	7.8%-13.3%	2155
African American	18.4%	15.3%-22.0%	2128
Other	26.1%	18.0%-36.2%	240
Hispanic	23.5%	15.2%-34.6%	172
Education**			
Less than high school	25.3%	17.6%-34.9%	301
High school graduate	22.3%	17.6%-27.7%	753
Some college	18.3%	13.7%-24.1%	717
College graduate	10.8%	8.8%-13.2%	3008
Income**			
Less than \$15,000	22.7%	16.6%-30.3%	450
\$15,000-\$24,999	26.1%	19.8%-33.6%	530
\$25,000-\$34,999	17.4%	10.2%-28.0%	301
\$35,000-\$49,999	24.9%	17.1%-34.8%	372
\$50,000 or more	9.4%	7.3%-12.0%	2525
Ward**			
Ward 1	*	*	*
Ward 2	*	*	*
Ward 3	8.4%	4.9%-14.0%	755
Ward 4	14.6%	9.2%-22.3%	596
Ward 5	13.0%	7.9%-20.9%	474
Ward 6	11.7%	6.9%-18.9%	550
Ward 7	20.4%	13.9%-28.8%	463
Ward 8	18.8%	12.3%-27.6%	416

*RSE greater than 0.3 or numerator less than 20

** Statistically significant

Source: DC BRFSS 2013 survey

An estimated 67 million people have high blood pressure.¹ High blood pressure increases an individual's risk for heart disease and stroke, two of the leading causes of death for Americans.¹

Risk Factors¹

- Age, Race, Family history
- Being overweight or obese, not being physically active
- Tobacco use
- Too much salt (sodium) in the diet
- Too little potassium in the diet
- Too little vitamin D in the diet
- Excessive alcohol consumption
- Stress
- Certain chronic conditions

BRFSS Data Findings

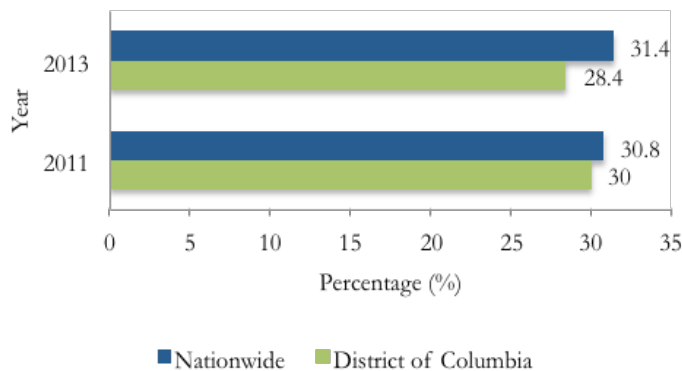
District adults were asked if they had ever been told by a doctor, nurse or other health professional that they had high blood pressure. Overall, 28.4% of District adults had high blood pressure (Table 20).

District adults more likely to have high blood pressure:

- No difference between gender
- Aged 65 or older
- African American
- Have a high school education or less
- Household income \$15,000-\$24,999
- Resided in Ward 7

From 2011-2013 the District saw a 1.6% point decrease in hypertension compared to nationwide where there was a slight increase by 0.6% (Figure 6).

Figure 6. Adults who had hypertension, 2011 and 2013



Source: BRFSS survey

Table 20. District adults who had high blood pressure by demographics and ward, BRFSS 2013

	High Blood Pressure		
	%	95% CI	N
Total	28.4%	26.7%-30.3%	4913
Gender			
Male	28.9%	26.1%-31.9%	1928
Female	28.0%	25.8%-30.4%	2985
Age**			
18-39	11.4%	9.2%-14.2%	934
40-64	37.2%	34.4%-40.2%	2217
65 or older	62.8%	59.5%-65.9%	1674
Race/Ethnicity**			
White	20.6%	18.1%-23.3%	2208
African American	40.0%	36.9%-43.1%	2170
Other	19.1%	13.3%-26.5%	245
Hispanic	7.4%	4.0%-13.2%	174
Education**			
Less high school	39.6%	32.6%-47.1%	318
High school graduate	39.2%	34.4%-44.2%	769
Some college	29.6%	25.2%-34.3%	730
College graduate	21.0%	19.0%-23.1%	3070
Income**			
Less than \$15,000	39.1%	32.8%-45.9%	462
\$15,000-\$24,999	40.1%	34.3%-46.2%	546
\$25,000-\$34,999	32.0%	25.1%-39.7%	312
\$35,000-\$49,999	32.8%	25.8%-40.7%	381
\$50,000 or more	20.3%	18.3%-22.6%	2561
Ward**			
Ward 1	28.6%	22.1%-36.2%	388
Ward 2	23.8%	18.4%-30.2%	399
Ward 3	24.0%	19.9%-28.7%	769
Ward 4	32.3%	27.2%-37.8%	610
Ward 5	37.2%	31.2%-43.7%	481
Ward 6	29.6%	24.4%-35.5%	560
Ward 7	42.9%	36.0%-50.2%	473
Ward 8	37.7%	31.3%-44.6%	426

** Statistically significant

Source: DC BRFSS 2013 survey

¹CDC. High Blood Pressure. <http://www.cdc.gov/bloodpressure/> Accessed September 22, 2014

²Mayo Clinic - High blood pressure. Risk factors. September 2014

Tetanus leads to death in about one in 10 cases.¹ Tetanus (lockjaw) causes painful tightening of the muscles that can lead to locking of the jaw preventing the individual from being able to open their mouth or swallow. Several vaccines are used to prevent tetanus among children, adolescents, and adults including DTaP, Tdap, DT, and Td.¹

District adults were asked if they had a tetanus shot since 2005 and if they answered yes, did the tetanus shot contain the pertussis or whooping cough vaccine. Overall, 42.3% of District adults have not had a tetanus shot since 2005 (Table 21).

District adults less likely to have had a tetanus shot since 2005 were:

- Male
- Aged 65 or older
- African American
- Have less than a high school education
- Household income \$15,000-\$24,999
- Resided in Ward 5

Table 21. District adults who did not receive a tetanus shot since 2005 by demographics and ward, BRFSS 2013

	Did not receive any tetanus shot since 2005		
	%	95% CI	N
Total	42.3%	39.7%-44.9%	3871
Gender**			
Male	44.8%	40.8%-48.8%	1518
Female	40.1%	36.9%-43.4%	2353
Age**			
18-39	36.8%	32.3%-41.5%	703
40-64	45.1%	41.6%-48.5%	1769
65 or older	52.3%	48.6%-55.9%	1342
Race/Ethnicity**			
White	34.1%	30.6%-37.8%	1781
African American	50.1%	46.2%-54.0%	1682
Other	40.3%	30.4%-50.9%	186
Hispanic	44.1%	32.3%-56.6%	137
Education**			
Less than high school	61.2%	51.8%-9.7%	247
High school graduate	45.5%	39.5%-51.7%	576
Some college	39.2%	33.3%-45.5%	569
College graduate	37.4%	34.4%-40.5%	2463
Income**			
Less than \$15,000	49.6%	41.3%-57.9%	362
\$15,000-\$24,999	51.4%	44.1%-58.7%	419
\$25,000-\$34,999	50.3%	39.9%-60.7%	254
\$35,000-\$49,999	46.5%	36.6%-56.6%	308
\$50,000 or more	36.5%	33.3%-39.8%	2073
Ward			
Ward 1	35.8%	27.6%-45.0%	304
Ward 2	37.5%	28.8%-47.1%	329
Ward 3	38.8%	32.5%-45.6%	621
Ward 4	41.5%	34.8%-48.6%	458
Ward 5	50.8%	43.0%-58.5%	393
Ward 6	40.3%	33.7%-47.3%	470
Ward 7	48.8%	40.2%-57.5%	362
Ward 8	48.4%	39.8%-57.1%	328

**Statistically significant

Source: DC BRFSS 2013 survey

¹<http://www.cdc.gov/tetanus/about/index.html> CDC – About Tetanus Accessed September 18, 2014

The flu vaccine is given to individuals with a needle, usually in their arm or by flu spray in the nose.¹ “Flu season” in the U.S. can begin as early as October and end as late as May. The flu vaccine protects against three or four influenza viruses that have been determined to be the most common during the upcoming season. During a regular flu season, about 90 percent of deaths occur in people aged 65 years or older.¹

BRFSS Findings

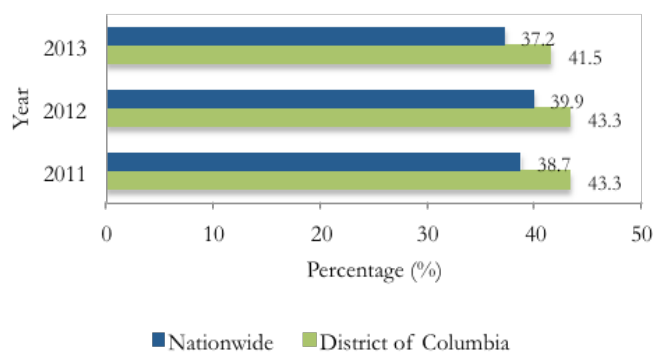
District adults were asked if they had a flu shot or flu vaccine that was sprayed through their nose within the past 12 months. Overall, 61.5% of District adults did not have a flu shot/spray in the past 12 months (Table 22).

District adults who were less likely to have had a flu shot/spray in the past 12 months were:

- Male
- Aged 18-39 years
- African American
- Some college
- Household income of \$25,000-\$34,999
- Resided in Ward 7

District adults aged 65 years or older saw a steady decrease among residents who did not take the flu shot/spray compared nationwide where rates have fluctuated from 2011-2013 (Figure 7).

Figure 7. District Adults Aged 65 Years or Older who did not have a Flu Shot within the Past 12 Months, 2011-2013



Source: BRFSS survey

Table 22. District adults who did not have a flu shot/spray within the past 12 months by demographics and ward, BRFSS 2013

	No Flu Shot/Spray		
	%	95% CI	N
Total	61.5%	59.2%-63.8%	4343
Gender			
Male	63.8%	60.2%-67.2%	1699
Female	59.6%	56.4%-62.6%	2644
Age**			
18-39	69.3%	65.1%-73.2%	807
40-64	59.7%	56.6%-62.8%	1965
65 or older	41.5%	38.1%-44.9%	1501
Race/Ethnicity**			
White	52.1%	48.4%-55.7%	2038
African American	68.4%	65.0%-71.5%	1847
Other	67.4%	57.2%-76.1%	209
Hispanic	66.4%	54.8%-76.4%	154
Education**			
Less than high school	60.8%	51.9%-69.0%	267
High school graduate	68.2%	62.5%-73.3%	632
Some college	71.6%	65.9%-76.7%	628
College graduate	55.5%	52.6%-58.4%	2797
Income**			
Less than \$15,000	64.3%	56.4%-71.5%	390
\$15,000-\$24,999	71.2%	65.0%-76.7%	456
\$25,000-\$34,999	73.5%	65.3%-80.4%	274
\$35,000-\$49,999	68.8%	59.5%-76.8%	340
\$50,000 or more	54.7%	51.5%-57.8%	2348
Ward**			
Ward 1	60.9%	52.6%-68.7%	342
Ward 2	54.1%	44.8%-63.2%	364
Ward 3	46.5%	40.4%-52.7%	703
Ward 4	57.5%	50.9%-63.7%	528
Ward 5	65.6%	58.3%-72.2%	429
Ward 6	57.5%	50.8%-63.9%	523
Ward 7	69.9%	62.0%-76.7%	403
Ward 8	67.5%	59.9%-74.3%	355

** Statistically significant

Source: DC BRFSS 2013 survey

¹<http://www.cdc.gov/flu/protect/keyfacts.htm> CDC – Seasonal Influenza – Key Fact About Seasonal Flu Vaccine

Pneumococcal bacteria spreads from person-to-person by direct contact with respiratory secretions, like saliva or mucus. Each year in the U.S., pneumococcal disease causes thousands of cases of meningitis, bloodstream infections, pneumonia, and ear infections.¹ The pneumococcal vaccine has been effective at preventing severe disease, hospitalization, and death. However, the pneumococcal vaccine does not guarantee to prevent infection and symptoms in all individuals.¹

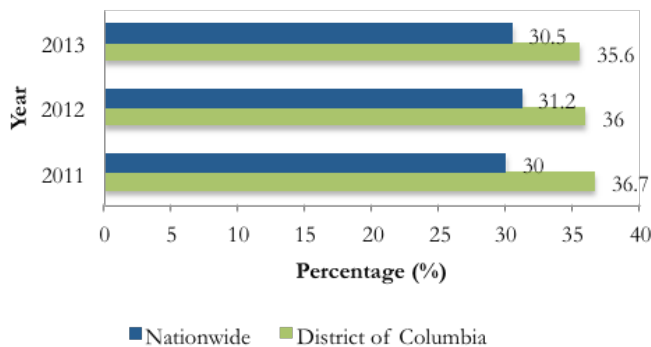
District adults were asked if they had ever received a pneumonia shot. Overall, 69.2% of District adults have never had a pneumonia shot (Table 23).

District adults less likely to have had a pneumonia shot were:

- Female
- Aged 18-39 years old
- Hispanic
- College graduate
- Household income \$50,000 or more
- Resided in Ward 1

Adults aged 65 years or older who never had a pneumonia vaccination continues to fluctuate with estimates higher among District residents compared nationwide (Figure 8).

Figure 8. District Adults Aged 65 Years or Older who Never had a Pnuemonia Vaccination, 2011-2013



Source: BRFSS survey

Table 23. District adults who never had a pneumonia shot by demographics and ward, BRFSS 2013

	Never had Pneumonia Vaccination		
	%	95% CI	N
Total	69.2%	66.9%-71.5%	3723
Gender			
Male	68.2%	64.2%-71.9%	1383
Female	70.1%	67.2%-72.8%	2340
Age**			
18-39	78.7%	74.2%-82.5%	597
40-64	74.3%	71.1%-77.3%	1670
65 or older	35.6%	32.2%-39.1%	1394
Race/Ethnicity			
White	70.0%	66.4%-73.4%	1691
African American	67.5%	63.9%-70.9%	1659
Other	70.6%	60.5%-79.0%	181
Hispanic	75.9%	64.5%-84.6%	115
Education			
Less than high school	65.6%	57.0%-73.2%	246
High school graduate	70.0%	64.3%-75.2%	570
Some college	66.2%	60.0%-71.9%	561
College graduate	71.1%	68.3%-73.9%	2331
Income			
Less than \$15,000	63.9%	55.9%-71.2%	355
\$15,000-\$24,999	65.0%	58.0%-71.4%	418
\$25,000-\$34,999	68.9%	59.5%-77.0%	254
\$35,000-\$49,999	68.9%	59.2%-77.1%	290
\$50,000 or more	72.4%	69.3%-75.3%	1945
Ward			
Ward 1	73.1%	64.9%-80.0%	294
Ward 2	67.6%	59.8%-74.6%	307
Ward 3	58.5%	52.3%-64.4%	587
Ward 4	61.8%	54.5%-68.6%	457
Ward 5	69.6%	62.1%-76.2%	380
Ward 6	69.1%	62.8%-74.8%	449
Ward 7	71.0%	63.6%-77.4%	366
Ward 8	68.9%	60.6%-76.1%	323

** Statistically significant

Source: DC BRFSS 2013 survey

¹Centers for Disease Control and Prevention. Pneumococcal Disease. <http://www.cdc.gov/pneumococcal/vaccination.html>

From 2009-2010, more than one-third of U.S. adults were obese.¹ Overweight and obesity are both labels for ranges of weight that are greater than what is generally considered healthy for a given height. The terms also identify ranges of weight that have been shown to increase the likelihood of certain diseases and other health problems such as diabetes, heart disease, stroke, sleep apnea and some cancers.¹

See the following table for an example.

Height	Weight Range	BMI	Considered
5' 9"	124 lbs or less	Below 18.5	Underweight
	125 lbs to 168 lbs	18.5 to 24.9	Healthy weight
	169 lbs to 202 lbs	25.0 to 29.9	Overweight
	203 lbs or more	30 or higher	Obese

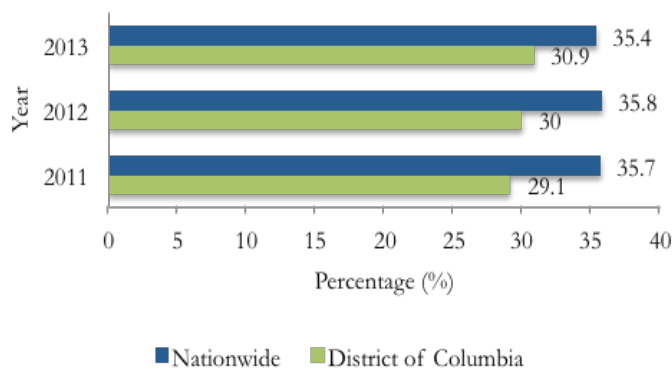
District adults were asked to provide their height and weight to determine weight status. Overall, 30.9% of District adults based on their BMI were classified as being overweight (Table 24).

District adults who were overweight were more likely to be:

- Male
- Aged 45-64 years and older
- Hispanic
- High school or higher
- Household income \$35,000-\$49,999
- Resided in Wards 5 and 7

From 2011-2013, overweight prevalence among District adults have seen a slight but steady increase compared nationwide where estimates have seen relatively no change (Figure 9).

Figure 9. Adults who were Overweight, 2011-2013



Source: BRFSS survey

Table 24. District adults who were classified as overweight based on BMI by demographics and ward, BRFSS 2013

	Overweight		
	%	95% CI	N
Total	30.9%	28.8%-33.1%	4705
Gender**			
Male	38.0%	34.7%-41.5%	1914
Female	24.3%	21.7%-27.0%	2791
Age**			
18-34	27.7%	23.6%-32.2%	582
35-44	29.2%	24.4%-34.5%	622
45-54	35.9%	31.1%-41.0%	823
55-64	35.3%	31.1%-39.6%	993
65 or older	32.5%	29.5%-35.6%	1629
Race/Ethnicity**			
White	29.9%	26.8%-33.2%	2135
African American	31.4%	28.2%-34.7%	2073
Other	29.5%	21.5%-38.9%	234
Hispanic	39.1%	28.7%-50.6%	165
Education**			
Less than high school	28.6%	21.4%-37.0%	304
High school graduate	31.4%	26.5%-36.6%	737
Some college	31.7%	26.5%-37.4%	700
College graduate	31.1%	28.5%-33.8%	2947
Income**			
Less than \$15,000	30.2%	23.8%-37.6%	446
\$15,000-\$24,999	29.1%	23.5%-35.3%	529
\$25,000-\$34,999	27.6%	20.0%-36.7%	303
\$35,000-\$49,999	36.1%	27.7%-45.5%	369
\$50,000 or more	32.0%	29.2%-35.0%	2490
Ward**			
Ward 1	27.8%	21.3%-35.5%	377
Ward 2	33.3%	25.4%-42.3%	391
Ward 3	28.8%	23.7%-34.4%	746
Ward 4	32.3%	26.7%-38.6%	583
Ward 5	36.6%	29.8%-44.0%	466
Ward 6	30.5%	24.7%-37.1%	529
Ward 7	36.3%	29.1%-44.1%	447
Ward 8	27.0%	21.0%-34.1%	407

**Statistically significant

Source: DC BRFSS 2013 survey

¹<http://www.cdc.gov/vitalsigns/AdultObesity/#Whatcanbedone>
CDC Vital Signs. Adult Obesity

District adults were asked to provide their height and weight to determine weight status. Overall, 22.8% of District adults based on their height and weight were classified as obese (Table 25).

Risk Factor¹

- Genetics
- Family lifestyle
- Inactivity, unhealthy diet and eating habits
- Quitting smoking
- Pregnancy
- Lack of sleep
- Certain medications
- Age
- Social and economic issues
- Medical problems

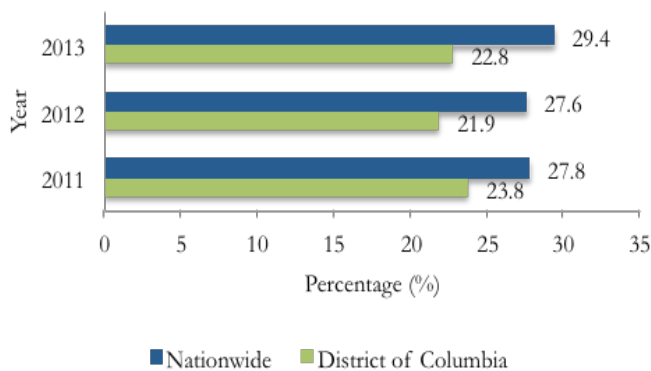
BRFSS Data Findings

District adults who were more likely to be obese were:

- Female
- Aged 55-64 years old
- African American
- Had less than a high school education
- Household income less than \$25,000
- Resided in Ward 8

Nationwide obesity estimates have increased between 1.5%-1.6% points since 2011 compared to the District where obesity estimates have fluctuated since 2011 between 1%-2% points (Figure 10).

Figure 10. Adults who were Obese, 2011-2013



Source: BRFSS survey

Table 25. District adults who were classified as obese based on BMI by demographics and ward, BRFSS 2013

	Obese		
	%	95% CI	N
Total	22.8%	21.0%-24.8%	4705
Gender**			
Male	20.6%	17.8%-23.7%	1914
Female	24.9%	22.5%-27.6%	2791
Age**			
18-34	15.4%	12.2%-19.2%	582
35-44	26.8%	22.2%-32.0%	622
45-54	29.9%	25.5%-34.7%	823
55-64	31.0%	26.9%-35.4%	993
65 or older	23.8%	20.9%-26.9%	1629
Race/Ethnicity**			
White	9.8%	7.9%-11.9%	2135
African American	36.4%	33.1%-39.7%	2073
Other	17.4%	11.2%-25.9%	234
Hispanic	15.3%	8.5%-26.0%	165
Education**			
Less than high school	37.8%	30.1%-46.1%	304
High school graduate	31.3%	26.6%-36.3%	737
Some college	27.6%	23.0%-32.9%	700
College graduate	13.6%	11.9%-15.6%	2947
Income**			
Less than \$15,000	35.4%	29.1%-42.4%	446
\$15,000-\$24,999	35.1%	29.2%-41.5%	529
\$25,000-\$34,999	27.5%	20.3%-36.1%	303
\$35,000-\$49,999	24.3%	17.3%-33.0%	369
\$50,000 or more	15.0%	13.0%-17.3%	2490
Ward**			
Ward 1	24.9%	18.3%-33.0%	377
Ward 2	15.3%	9.1%-24.6%	391
Ward 3	12.0%	8.9%-16.0%	746
Ward 4	27.2%	21.4%-33.8%	583
Ward 5	32.1%	26.1%-38.7%	466
Ward 6	22.1%	17.2%-27.8%	529
Ward 7	35.0%	28.2%-42.5%	447
Ward 8	42.8%	35.4%-50.7%	407

** Statistically significant

Source: DC BRFSS 2013 survey

¹Mayo Clinic. Obesity. Risk Factors - <http://www.mayoclinic.org/diseases-conditions/obesity/basics/risk-factors/con-20014834>

Engaging in regular physical activity is vital to individuals improving and sustaining their quality of life next to eating a healthy nutritious diet high in fruits and vegetables.¹ Individuals who do not engage in regular physical activity increase their risk of chronic diseases associated with a sedentary lifestyle such as heart disease, type 2 diabetes, and some cancers.¹

Risks of Physical Inactivity²

- Contributes to feelings of anxiety and depression
- May increase the risk of certain cancers
- Increases risk of cardiovascular disease
- Increases risk for type 2 diabetes and metabolic syndrome
- Increases risk of high blood pressure
- Increase chances of weight gain (overweight or obese)
- Increases risk for many other chronic conditions

BRFSS Data Findings

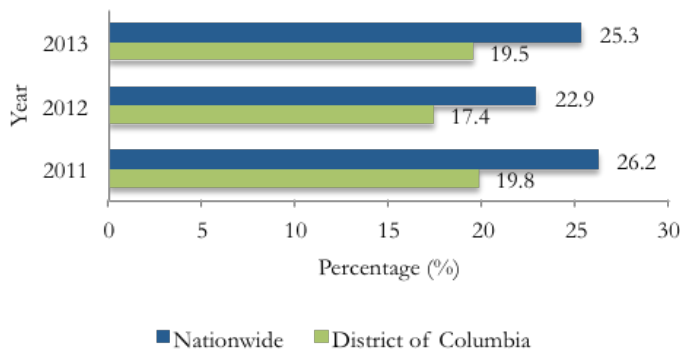
District adults were asked if they engaged in any type of physical activity within the past 30 days. Overall, 19.5% of District adults did not engage in any physical activity (Table 26).

District adults who were less likely to engage in physical activity were:

- Female
- Aged 65 or older
- African American
- Had less than a high school education
- Household income \$25,000-\$34,999
- Resided in Ward 8

Individuals who did not engage in physical activity within the past 30 days increased nationwide and in the District of Columbia from 2012 to 2013 after showing moderate decreases from 2011 to 2012 (Figure 11).

Figure 11. Adults who have not Participated in any Exercise in the Past 30 Days, 2011-2013



Source: BRFSS survey

Table 26. District adults who did not participate in any physical activities within the past 30 days by demographics and ward, BRFSS 2013

	No Exercise		
	%	95% CI	N
Total	19.5%	17.6%-21.5%	4429
Gender**			
Male	16.5%	13.7%-19.6%	1737
Female	22.2%	19.6%-24.9%	2692
Age**			
18-34	15.5%	12.1%-19.6%	541
35-44	16.2%	12.0%-21.6%	585
45-54	23.3%	18.7%-28.5%	764
55-64	22.8%	18.9%-27.3%	934
65 or older	25.6%	22.6%-28.8%	1533
Race/Ethnicity**			
White	9.3%	7.4%-11.6%	2072
African American	29.5%	26.2%-32.9%	1888
Other	17.4%	10.8%-26.9%	215
Hispanic	17.3%	9.7%-28.8%	154
Education**			
Less than high school	40.1%	31.8%-49.1%	271
High school graduate	26.3%	21.7%-31.4%	651
Some college	24.1%	19.2%-29.8%	643
College graduate	10.3%	8.7%-12.1%	2843
Income**			
Less than \$15,000	26.9%	20.7%-34.1%	402
\$15,000-\$24,999	27.6%	21.9%-34.1%	459
\$25,000-\$34,999	40.6%	30.8%-51.1%	282
\$35,000-\$49,999	22.2%	15.2%-31.2%	347
\$50,000 or more	10.4%	8.7%-12.3%	2385
Ward**			
Ward 1	16.4%	10.8%-24.1%	351
Ward 2	12.1%	7.0%-20.3%	369
Ward 3	10.5%	6.9%-15.5%	713
Ward 4	19.2%	14.4%-25.0%	538
Ward 5	21.0%	15.8%-27.4%	436
Ward 6	16.1%	12.0%-21.3%	532
Ward 7	27.7%	21.0%-35.5%	413
Ward 8	34.5%	27.2%-42.7%	363

** Statistically significant

Source: DC BRFSS 2013 survey

¹<http://www.cdc.gov/physicalactivity/everyone/health/index.html> CDC.

Physical Activity. The Benefits of Physical Activity

²John Hopkins. Risk of Physical Inactivity. http://www.hopkinsmedicine.org/healthlibrary/conditions/cardiovascular_diseases/risks_of_physical_inactivity_85,P00218/

Smoking is the leading cause of preventable death in the United States. Cigarette smoking causes more than 480,000 deaths each year in the U.S., more than HIV, illegal drug use, alcohol use, motor vehicle injuries, firearm-related incidents combined.¹

Smoking causes and increases the risk of:²

- Chronic Obstructive Pulmonary Disease (COPD)
- Heart disease
- Stroke
- Lung cancer
- Type 2 diabetes
- Rheumatoid arthritis.

BRFSS Data Findings

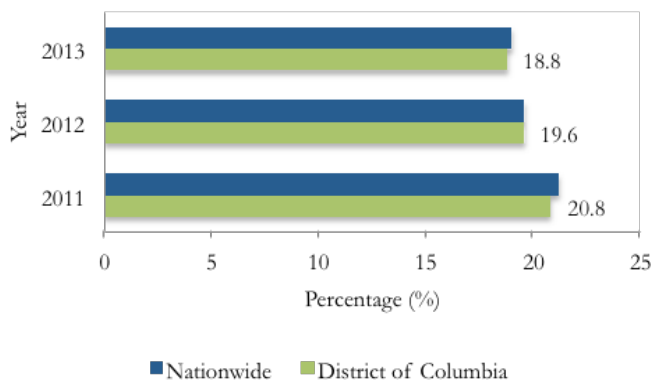
In order to classify individuals as current smokers, District adults were asked if they had smoked at least 100 cigarettes in their entire life and if they currently smoke cigarettes. A yes response to each question determined if an individual was a current smoker. Overall, 18.8% of District adults were current smokers (Table 27).

District adults who were more likely to be a current smoker were:

- Male
- Aged 55-64 years old
- African American
- Had less than a high school education
- Household income less than \$15,000
- Resided in Ward 8

From 2011-2013, there has been a steady decline among adult smokers in the District of Columbia and nationwide (Figure 12).

Figure 12. Adults who were Current Smokers, 2011-2013



Source: BRFSS survey

Table 27. District adults who were smokers by demographics and ward, BRFSS 2013

	Current Smoker		
	%	95% CI	N
Total	18.8%	16.9%-20.9%	4702
Gender**			
Male	23.4%	20.3%-26.9%	1865
Female	14.7%	12.5%-17.2%	2837
Age**			
18-34	17.4%	13.9%-21.4%	595
35-44	20.9%	16.2%-26.5%	619
45-54	24.1%	19.4%-29.4%	807
55-64	26.9%	22.6%-31.7%	996
65 or older	8.0%	6.3%-10.1%	1603
Race/Ethnicity**			
White	9.9%	7.7%-12.6%	2136
African American	28.4%	25.1%-31.9%	2059
Other	13.7%	8.1%-22.3%	234
Hispanic	14.2%	7.8%-24.5%	165
Education**			
Less than high school	38.9%	30.7%-47.8%	295
High school graduate	26.7%	22.2%-31.7%	729
Some college	25.8%	20.8%-31.5%	688
College graduate	7.8%	6.4%-9.6%	2967
Income**			
Less than \$15,000	39.4%	32.2%-47.0%	447
\$15,000-\$24,999	28.2%	22.4%-34.9%	515
\$25,000-\$34,999	20.2%	13.8%-28.7%	300
\$35,000-\$49,999	15.3%	9.7%-23.2%	365
\$50,000 or more	9.2%	7.5%-11.4%	2479
Ward**			
Ward 1	15.5%	10.0%-23.1%	372
Ward 2	8.6%	4.9%-14.6%	379
Ward 3	9.3%	5.8%-14.8%	748
Ward 4	14.4%	10.1%-20.2%	579
Ward 5	20.4%	14.8%-27.4%	466
Ward 6	17.3%	12.5%-23.5%	545
Ward 7	24.1%	17.8%-31.9%	453
Ward 8	41.0%	33.2%-49.3%	398

**Statistically significant

Source: DC BRFSS 2013 survey

¹http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.

²[htm#overview](#) CDC Smoking and Tobacco Use – Health Effects of Cigarette Smoking

The word arthritis means joint inflammation but describes over 100 rheumatic diseases and conditions that affect joints, and tissues.¹ Certain rheumatic conditions can also involve the immune system and various internal organs of the body. Types of arthritis include: Childhood Arthritis, Fibromyalgia, General, Gout, Osteoarthritis, Rheumatoid Arthritis, Systemic Lupus Erythematosus (SLE or lupus).¹

Risk Factors²

- Age
- Gender
- Genetics
- Overweight and obesity
- Joint injuries
- Infection
- Occupation

BRFSS Data Findings

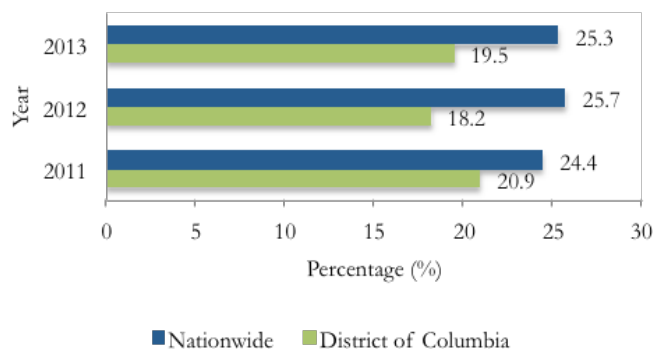
District adults were asked if they had ever been told by a doctor, nurse or other health professional if they had arthritis. Overall, 19.5% of District adults were diagnosed with arthritis (Table 28).

District adults who were more likely to be diagnosed with arthritis were:

- Female
- Aged 65 or older
- African American
- Had less than a high school education
- Household income \$15,000-\$24,999
- Resided in Ward 8

From 2011 to 2012 the District saw a 2.7% point decrease in arthritis prevalence; however, in 2013 there was a 1.3% point increase compared nationwide where arthritis increased also by 1.3% point from 2011-2013 (Figure 13).

Figure 13. Adults who were told they had Arthritis, 2011-2013



Source: BRFSS survey

Table 28. District adults who were diagnosed with arthritis by demographics and ward, BRFSS 2013

	Diagnosed with arthritis		
	%	95% CI	N
Total	19.5%	18.1%-21.1%	4902
Gender**			
Male	16.2%	14.1%-18.5%	1927
Female	22.4%	20.4%-24.6%	2975
Age**			
18-34	5.5%	3.8%-8.0%	624
35-44	10.1%	7.3%-13.8%	648
45-54	21.2%	17.3%-25.7%	842
55-64	38.1%	33.9%-42.4%	1029
65 or older	49.6%	46.3%-52.9%	1671
Race/Ethnicity**			
White	13.7%	11.9%-15.6%	2200
African American	27.3%	24.7%-30.0%	2165
Other	15.8%	10.4%-23.2%	246
Hispanic	5.4%	3.3%-8.9%	173
Education**			
Less than high school	34.5%	27.9%-41.8%	318
High school graduate	24.7%	20.8%-29.0%	769
Some college	17.9%	14.8%-21.4%	727
College graduate	14.4%	12.9%-16.0%	3062
Income**			
Less than \$15,000	27.0%	21.6%-33.1%	459
\$15,000-\$24,999	30.8%	25.6%-36.6%	547
\$25,000-\$34,999	23.3%	17.5%-30.4%	312
\$35,000-\$49,999	18.1%	13.8%-23.5%	382
\$50,000 or more	13.1%	11.6%-14.8%	2554
Ward**			
Ward 1	17.0%	12.2%-23.2%	389
Ward 2	20.2%	15.3%-26.1%	399
Ward 3	19.8%	16.4%-23.6%	765
Ward 4	23.2%	19.1%-27.9%	608
Ward 5	27.6%	21.9%-34.1%	483
Ward 6	23.0%	18.4%-28.4%	565
Ward 7	27.8%	22.3%-34.1%	470
Ward 8	28.6%	22.9%-35.0%	424

**Statistically significant

Source: DC BRFSS 2013 survey

¹CDC. Arthritis. Risk Factors. http://www.cdc.gov/arthritis/basics/risk_factors.htm

²<http://www.cdc.gov/arthritis/> CDC Arthritis Arthritis Basics

Asthma is a disease that affects the lungs. It can cause repeated episodes of wheezing, breathlessness, chest tightness, and morning and night-time coughing.¹ Eliminating asthma triggers such as tobacco smoke, secondhand smoke and dust mites are critical in reducing asthma episodes.¹

Risk Factors²

- Family history or being overweight
- Smoker and exposure to secondhand smoke
- Mother smoke while pregnant
- Exposure to exhaust fumes or other types of pollution
- Exposure to occupational triggers, such as chemicals used in farming, hairdressing and manufacturing

BRFSS Data Findings

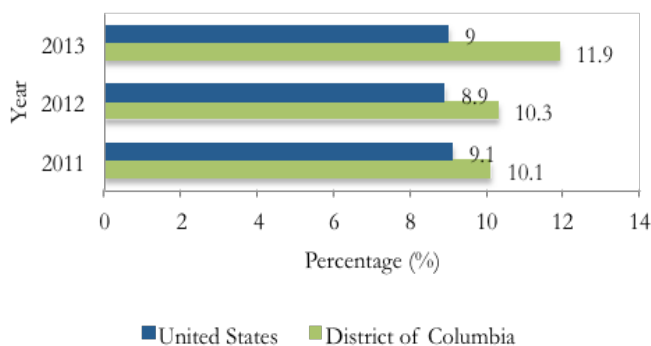
District adults were asked if they had ever been told by a doctor, nurse or other health professional that they had asthma and if they still had asthma to determine current asthma status. Overall, 11.9% of District adults were told they currently have asthma (Table 29).

District adults more likely to be diagnosed with asthma were:

- Female
- Aged 18-34 years old
- Race/Ethnic group Other
- Had less than a high school education
- Household income <\$15,000
- Resided in Ward 8

Nationwide there was a slight but steady increase among individuals who have asthma compared to the District where asthma prevalence have shown no significant change from 2011-2013 (Figure 14).

Figure 14. Adults who were told they Currently have Asthma, 2011-2013



Source: BRFSS survey

Table 29. District adults who had asthma by demographics and ward, BRFSS 2013

	Asthma		
	%	95% CI	N
Total	11.9%	10.3%-13.6%	4899
Gender**			
Male	9.5%	7.3%-12.2%	1923
Female	13.9%	11.8%-16.4%	2976
Age			
18-34	12.7%	9.8%-16.4%	623
35-44	12.2%	8.6%-17.0%	646
45-54	11.8%	8.8%-15.7%	836
55-64	11.3%	8.8%-14.5%	1035
65 or older	9.2%	7.3%-11.5%	1672
Race/Ethnicity**			
White	7.8%	6.0%-10.0%	2199
African American	14.1%	11.7%-16.9%	2166
Other	18.8%	12.0%-28.2%	243
Hispanic	10.8%	5.8%-19.2%	174
Education**			
Less than high school	21.0%	14.6%-29.2%	315
High school graduate	12.0%	8.8%-16.2%	772
Some college	14.3%	10.6%-19.0%	727
College graduate	8.5%	7.0%-10.3%	3060
Income**			
Less than \$15,000	24.7%	18.6%-32.0%	460
\$15,000-\$24,999	9.5%	6.4%-13.8%	544
\$25,000-\$34,999	12.3%	6.5%-22.0%	311
\$35,000-\$49,999	7.9%	4.2%-14.4%	380
\$50,000 or more	10.5%	8.5%-12.8%	2553
Ward**			
Ward 1	9.9%	6.2%-15.4%	388
Ward 2	12.5%	8.0%-19.0%	396
Ward 3	7.2%	4.7%-10.8%	765
Ward 4	9.5%	6.5%-13.9%	609
Ward 5	10.7%	7.0%-15.9%	483
Ward 6	12.3%	8.4%-17.8%	565
Ward 7	14.2%	8.9%-22.0%	472
Ward 8	20.6%	14.4%-28.6%	421

**Statistically significant

Source: DC BRFSS 2013 survey

Diabetes is the seventh leading cause of death in the U.S.¹ Diabetes is a disease in which blood glucose levels are above normal. Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations.²

Risk Factors for Type I and II Diabetes¹

- Family history and race
- Environmental factors and geography
- Presence of damaging immune system cells
- Dietary factors, weight and inactivity
- Age Gestational diabetes
- Polycystic ovary syndrome
- High blood pressure and abnormal cholesterol and triglyceride levels

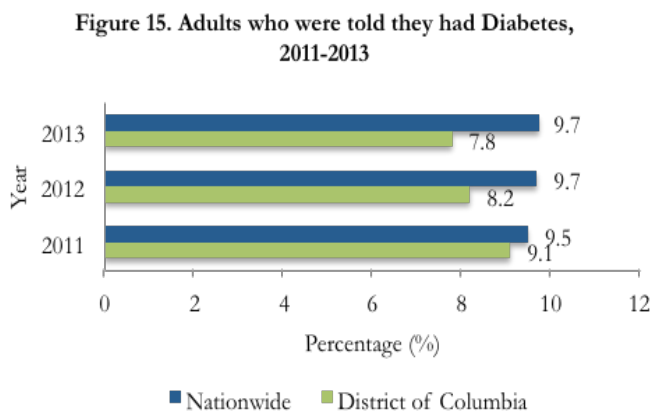
BRFSS Data Findings

District adults were asked if they had ever been told by a doctor, nurse or other health professional that they had diabetes. Overall, 7.8% of District adults were told they had diabetes (Table 30).

District adults who were more likely to be diagnosed with diabetes were:

- Female
- Aged 65 or older
- African American
- Had less than a high school education
- Household income less than \$15,000
- Resided in Ward 8

Nationwide, there has been no change in diabetes prevalence since 2011 compared to the District where the prevalence of diabetes saw a slight but steady decrease from 2011-2013 (Figure 15).



Source: BRFSS survey

Table 30. District adults who were diagnosed with diabetes by demographics and ward, BRFSS 2013

	Diabetes		
	%	95% CI	N
Total	7.8%	6.9%-8.8%	4921
Gender**			
Male	7.0%	5.7%-8.7%	1936
Female	8.5%	7.3%-9.8%	2985
Age**			
18-39	*	*	*
40-64	11.8%	10.0%-13.8%	2220
65 or older	19.7%	17.2%-22.5%	1677
Race/Ethnicity**			
White	2.3%	1.7%-3.1%	2206
African American	13.3%	11.6%-15.2%	2177
Other	6.2%	3.2%-11.8%	245
Education**			
Less than high school	15.4%	11.2%-20.8%	317
High school graduate	13.0%	10.5%-16.0%	775
Some college	8.7%	6.8%-11.0%	730
College graduate	3.5%	2.8%-4.3%	3073
Income**			
Less than \$15,000	14.2%	10.5%-18.9%	462
\$15,000-\$24,999	13.4%	10.5%-16.9%	548
\$25,000-\$34,999	10.1%	7.0%-14.3%	312
\$35,000-\$49,999	4.9%	3.1%-7.7%	382
\$50,000 or more	4.2%	3.3%-5.3%	2563
Ward**			
Ward 1	6.6%	4.1%-10.3%	389
Ward 2	4.8%	2.6%-8.7%	399
Ward 3	3.1%	2.1%-4.4%	768
Ward 4	8.4%	6.0%-11.6%	611
Ward 5	10.9%	8.1%-14.5%	482
Ward 6	6.5%	4.5%-9.3%	564
Ward 7	14.5%	11.0%-18.8%	474
Ward 8	16.0%	12.0%-21.2%	426

*RSE greater than 0.3 or numerator less than 20

**Statistically significant

Source: DC BRFSS 2013 survey

¹Diabetes Public Health Resource. Basic About Diabetes. <http://www.cdc.gov/diabetes/consumer/learn.htm>

² DC Department of Health, Center for Policy, Planning and Evaluation, Data Management and Analysis Division - 2012 Leading Causes of Death

More than 20 million U.S. adults are estimated to have chronic kidney disease (CKD), most undiagnosed.¹ Kidney disease is the 9th leading cause of death in the United States. CKD may be caused by diabetes, high blood pressure and other disorders. When kidney disease progresses, it may eventually lead to kidney failure, requiring dialysis or a kidney transplant to maintain life.¹

Risk Factors²

- Diabetes, high blood pressure, heart disease or high cholesterol
- Smoking
- Obesity
- African American, Native American or Asian-American
- Family history of kidney disease
- Age 65 or older

BRFSS Data Findings

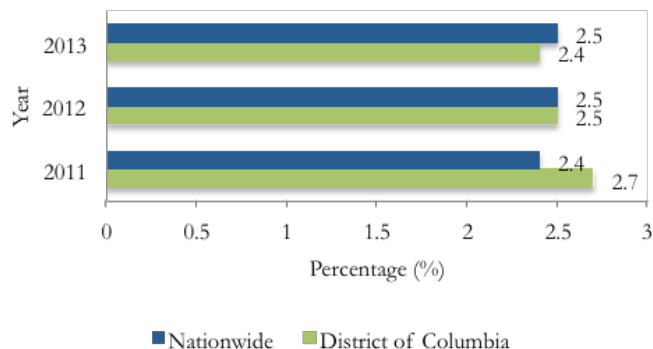
District adults who were asked if they were ever told by a doctor, nurse or other professional that they had kidney disease. Overall, 2.4% of District adults were told they had kidney disease (Table 31).

District adults who were more likely to be diagnosed with kidney disease were:

- Female
- Aged 65 or older
- African American
- Had less than a high school education
- Household income <\$25,999
- Resided in Ward 8

Nationwide and in the District of Columbia, kidney disease prevalence has shown no significant change since 2011 (Figure 16).

Figure 16. Adults who were told they had Kidney Disease, 2011-2013



Source: BRFSS survey

Table 31. District adults who were diagnosed with kidney disease by demographics and ward, BRFSS 2013

	Kidney Disease		
	%	95% CI	N
Total	2.4%	1.9%-3.0%	4917
Gender			
Male	2.1%	1.5%-2.9%	1933
Female	2.7%	2.0%-3.7%	2984
Age**			
18-39	*	*	*
40-64	3.1%	2.2%-4.3%	2221
65 or older	6.2%	4.7%-8.0%	1674
Race/Ethnicity**			
White	.9%	.6%-1.4%	2204
African American	4.0%	3.0%-5.3%	2177
Education**			
Less than high school	5.3%	3.3%-8.6%	317
High school graduate	3.4%	2.2%-5.2%	775
Some college	2.2%	1.2%-4.2%	730
College graduate	1.4%	1.0%-1.9%	3070
Income**			
Less than \$15,000	4.2%	2.5%-7.1%	462
\$15,000-\$24,999	4.5%	2.7%-7.4%	547
\$25,000-\$34,999	*	*	*
\$35,000-\$49,999	1.8%	.6%-5.4%	382
\$50,000 or more	1.3%	.9%-2.0%	2563
Ward**			
Ward 1	*	*	*
Ward 2	*	*	*
Ward 3	*	*	*
Ward 4	*	*	*
Ward 5	3.2%	1.7%-6.0%	484
Ward 6	2.0%	1.1%-3.5%	564
Ward 7	3.8%	2.3%-6.3%	473
Ward 8	4.2%	2.3%-7.3%	427

*RSE greater than 0.3 or numerator less than 20

** Statistically significant

Source: DC BRFSS 2013 survey

¹Centers for Disease Control and Prevention. Leading Cause of Death. <http://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>

²Kidney Disease. <http://www.cdc.gov/diabetes/projects/kidney>. Accessed September 2014

³National Kidney Foundation. About Chronic Kidney Disease <http://lifeoptions.org/kidneyinfo/ckdinfo.php?page=3>. Accessed September 2014

Major depressive disorder is one of the most common mental disorders in the U.S. Each year an estimated 6.7% of U.S. adults experience major depressive disorder.¹ Women are 70 % more likely than men to experience depression during their lifetime. The average age of onset is 32 years old.¹

Risk Factors²

- Genetics
- Death or loss, conflict, abuse or major events
- Serious illness or certain medication
- Substance abuse
- Other personal problems

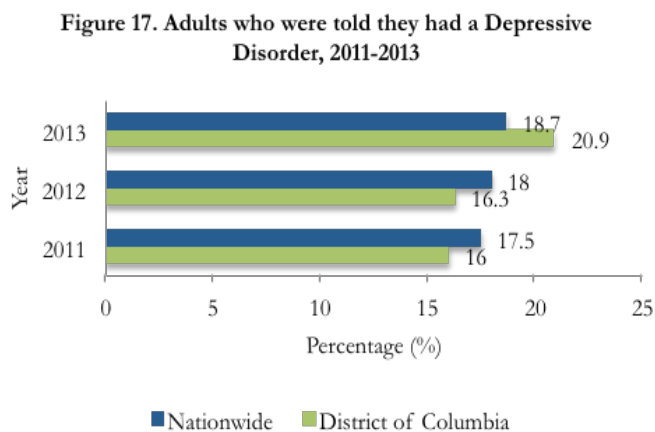
BRFSS Data Findings

District adults were asked if they had ever been told by a doctor, nurse or other health professional that they have a depressive disorder. Overall, 20.9% of District adults were told they had a depressive disorder (Table 32).

District adults more likely to be diagnosed with a depressive disorder were:

- Female
- Aged 40-64 years old
- White
- Had less than a high school education
- Household income less than \$15,000
- Resided in Ward 8

In the District of Columbia and nationwide the percentage of individuals diagnosed with depression has shown a steady increase since 2011 (Figure 17).



Source: BRFSS survey

Table 32. District adults who were diagnosed with depression by demographics and ward, BRFSS 2013

	Depression		
	%	95% CI	N
Total	20.9%	19.0%-22.9%	4903
Gender**			
Male	18.1%	15.5%-21.0%	1928
Female	23.4%	20.8%-26.2%	2975
Age**			
18-39	20.6%	17.4%-24.2%	934
40-64	25.4%	22.7%-28.3%	2207
65 or older	11.9%	10.3%-13.8%	1675
Race/Ethnicity**			
White	22.8%	19.9%-26.0%	2199
African American	18.6%	16.0%-21.6%	2172
Other	21.7%	14.7%-30.8%	243
Hispanic	20.7%	13.2%-31.1%	174
Education**			
Less than high school	26.8%	19.9%-35.0%	316
High school graduate	22.4%	18.2%-27.4%	768
Some college	19.8%	15.3%-25.1%	730
College graduate	19.4%	17.2%-21.8%	3064
Income**			
Less than \$15,000	35.5%	28.8%-42.8%	463
\$15,000-\$24,999	22.0%	16.8%-28.3%	547
\$25,000-\$34,999	16.8%	10.6%-25.5%	312
\$35,000-\$49,999	15.2%	10.1%-22.3%	381
\$50,000 or more	18.0%	15.7%-20.6%	2554
Ward**			
Ward 1	22.4%	15.7%-31.0%	388
Ward 2	18.7%	13.2%-25.9%	399
Ward 3	23.7%	19.0%-29.1%	763
Ward 4	15.4%	11.5%-20.3%	608
Ward 5	16.4%	11.9%-22.1%	482
Ward 6	23.2%	18.0%-29.5%	561
Ward 7	18.4%	13.3%-24.8%	471
Ward 8	28.0%	21.2%-36.0%	424

**Statistically significant

Source: DC BRFSS 2013 survey

¹National Institute of Mental Health. Depression <http://www.nimh.nih.gov/health/topics/depression/index.shtml#part4>. Accessed December 2014

²WebMD. Depression Health Center. Are you at Risk for Depression? <http://www.webmd.com/depression/guide/depression-are-you-at-risk>

Chronic Obstructive Pulmonary Disease (COPD) is the name for a group of diseases that restrict air flow and cause trouble breathing which includes emphysema and chronic bronchitis.¹ Fifteen million Americans have been diagnosed with COPD. Chronic lower respiratory disease, including COPD, is the third leading cause of death in the U.S. in 2013. Tobacco use is the primary cause of COPD in the U.S.¹

Risk Factors²

- Exposure to tobacco smoke
- People with asthma who smoke
- Occupational exposure to dusts and chemicals
- Age
- Genetics

BRFSS Data Findings

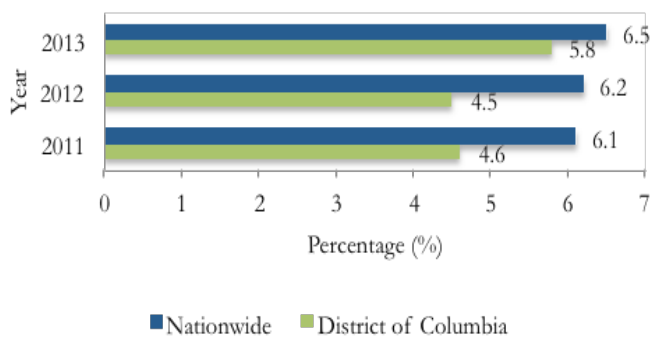
District adults were asked if they had ever been told by a doctor, nurse or other health professional that they had COPD. Overall, 5.8% of District adults were told they had COPD (Table 33).

District adults more likely to be diagnosed with COPD were:

- Female
- Aged 40 years and older
- African American
- < Than High school
- Household income less than \$15,000
- Resided in Ward 8

Nationwide, COPD prevalence saw a slight increase from 2011-2013 compared to the District of Columbia which saw a 1.3% point increase from 2012 to 2013 (Figure 18).

Figure 18. Adults who were told they had COPD, 2011-2013



Source: BRFSS survey

Table 33. District adults who were diagnosed with COPD by demographics and ward, BRFSS 2013

	COPD		
	%	95% CI	N
Total	5.8%	4.8%-7.0%	4904
Gender**			
Male	4.5%	3.2%-6.2%	1929
Female	7.0%	5.6%-8.7%	2975
Age**			
18-39	3.2%	1.9%-5.2%	934
40-64	8.3%	6.5%-10.4%	2211
65 or older	8.8%	7.1%-10.9%	1671
Race/Ethnicity**			
White	3.1%	2.0%-4.7%	2205
African American	8.7%	6.9%-10.8%	2164
Education**			
Less than high school	12.9%	8.4%-19.2%	313
High school graduate	9.2%	6.7%-12.4%	770
Some college	7.4%	5.0%-10.8%	726
College graduate	2.1%	1.5%-2.9%	3069
Income**			
Less than \$15,000	11.7%	8.2%-16.3%	457
\$15,000-\$24,999	8.3%	5.4%-12.3%	547
\$25,000-\$34,999	7.6%	4.5%-12.7%	312
\$35,000-\$49,999	6.2%	3.1%-12.0%	381
\$50,000 or more	2.5%	1.7%-3.8%	2559
Ward**			
Ward 1	3.5%	1.9%-6.3%	388
Ward 2	2.4%	1.5%-3.7%	399
Ward 3	5.4%	2.9%-9.8%	769
Ward 4	4.2%	2.4%-7.2%	604
Ward 5	5.9%	3.4%-10.2%	484
Ward 6	3.7%	2.1%-6.4%	563
Ward 7	8.5%	5.4%-13.1%	467
Ward 8	16.4%	11.2%-23.3%	424

**Statistically significant

Source: DC BRFSS 2013 survey

¹Mayo Clinic - COPD Diseases and Conditions <http://www.mayoclinic.org/diseases-conditions/copd/basics/risk-factors/con-20032017> Accessed August 2014

²Mayo Clinic - Risk Factors. <http://www.mayoclinic.org/diseases-conditions/copd/basics/risk-factors/con-20032017>. Accessed December 2014

Cancer is a term used for diseases in which abnormal cells divide without control and are able to invade other tissues.¹ There are over 100 different types of cancer. Cancer cells can spread to other parts of the body through the blood and lymph systems.¹

Risk Factors²

- Genetics and age
- Alcohol and certain chemicals/environment
- Hormones
- Infectious Agents, radiation or sunlight
- Tobacco
- Poor diet, lack of physical activity or being overweight

BRFSS Data Finding

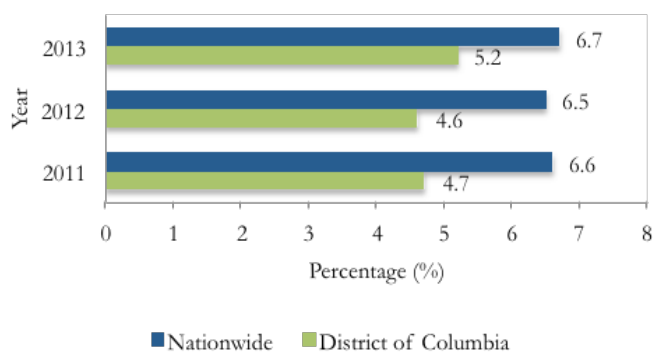
District adults were asked if they had ever been told by a doctor, nurse or other health professional that they had any other form of cancer than skin cancer. Overall, 5.2% of District adults were told they had cancer (Table 34).

District adult more likely to be diagnosed with cancer were:

- Female
- Aged 65 or older
- No difference between Whites and African Americans
- Had less than a high school education
- Household income \$15,000-\$24,999
- Resided in Ward 3

Nationwide, cancer prevalence remained steady from 2011-2013 compared to the District of Columbia where cancer diagnoses saw a slight increase of 0.6% points (Figure 19).

Figure 19. Adults who were told they had Cancer, 2011-2013



Source: BRFSS survey

Table 34. District adults who were diagnosed with some other form of cancer other than skin cancer by demographics and ward, BRFSS 2013

	Cancer		
	%	95% CI	N
Total	5.2%	4.5%-6.0%	4921
Gender			
Male	4.3%	3.4%-5.4%	1932
Female	6.1%	5.1%-7.2%	2989
Age**			
18-39	1.2%	.6%-2.2%	935
40-64	5.5%	4.3%-7.0%	2221
65 or older	17.3%	15.0%-19.9%	1677
Race/Ethnicity			
White	5.7%	4.7%-6.9%	2208
African American	5.8%	4.7%-7.2%	2175
Education			
Less than high school	7.7%	4.9%-11.9%	317
High school graduate	4.3%	3.1%-5.9%	773
Some college	4.1%	2.8%-6.0%	731
College graduate	5.4%	4.5%-6.3%	3074
Income			
Less than \$15,000	4.0%	2.3%-6.9%	462
\$15,000-\$24,999	7.9%	5.4%-11.2%	549
\$25,000-\$34,999	4.3%	2.4%-7.6%	311
\$35,000-\$49,999	3.6%	2.3%-5.4%	382
\$50,000 or more	5.1%	4.2%-6.1%	2564
Ward			
Ward 1	4.7%	3.1%-7.1%	389
Ward 2	4.6%	2.9%-7.1%	400
Ward 3	8.2%	6.2%-10.9%	769
Ward 4	6.6%	4.5%-9.5%	610
Ward 5	7.7%	4.8%-12.0%	485
Ward 6	6.3%	4.4%-8.9%	565
Ward 7	5.8%	3.9%-8.6%	473
Ward 8	4.7%	2.8%-7.9%	424

** Statistically significant

Source: DC BRFSS 2013 survey

¹National Cancer Institutes - What Is Cancer? Cancer - <http://www.cdc.gov/cancer/dcp/prevention/>
 CDC - Cancer Prevention and Control - Cancer Prevention

²Cancer Risk Factors - http://www.medicinenet.com/cancer_causes/article.htm

Skin cancer is the most common cancer in the United States. Most cases of skin cancer are melanoma, the deadliest form of skin cancer, caused by exposure to ultraviolet (UV) light. Five million people are treated every year for skin cancer in the U.S. and nearly 9,000 people die from melanoma each year.¹

District adults were asked if they had ever been told by a doctor, nurse or other health professional that they had skin cancer. Overall, 2.6% of District adults were told they had skin cancer (Table 35).

Risk Factors¹

- A lighter natural skin color
- Family history of skin cancer
- Exposure to the sun through work and play
- A history of sunburns, especially early in life
- A history of indoor tanning
- Blond or red hair
- Blue or green eyes
- Certain types and a large number of moles

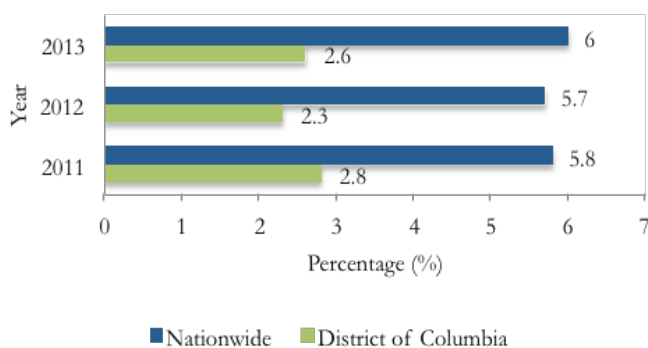
BRFSS Data Findings

District adults more likely to be diagnosed with skin cancer were:

- No difference between gender
- Aged 65 or older
- White
- College graduate
- Resided in Ward 3

Nationwide and in the District of Columbia there were no significant changes in skin cancer diagnoses from 2011-2013 (Figure 20).

Figure 20. Adults who were told they had Skin Cancer, 2011-2013



Source: BRFSS survey

Table 35. District adults who were diagnosed with skin cancer by demographics, BRFSS 2013

	Skin Cancer		
	%	95% CI	N
Total	2.6%	2.2%-3.0%	4916
Gender			
Male	2.8%	2.2%-3.5%	1931
Female	2.4%	1.8%-3.1%	2985
Age**			
18-39	.9%	.4%-1.9%	935
40-64	2.0%	1.6%-2.7%	2218
65 or older	9.1%	7.8%-10.6%	1676
Race/Ethnicity**			
White	5.6%	4.8%-6.6%	2201
Education**			
Less than high school	.2%	.1%-.9%	318
High school graduate	*	*	*
Some college	1.1%	.8%-1.7%	731
College graduate	4.4%	3.7%-5.3%	3066
Ward**			
Ward 1	2.2%	1.4%-3.6%	389
Ward 2	6.8%	4.2%-11.0%	398
Ward 3	7.7%	6.2%-9.6%	767
Ward 4	2.2%	1.4%-3.5%	610
Ward 5	*	*	*
Ward 6	4.2%	3.0%-5.8%	563
Ward 7	*	*	*
Ward 8	*	*	*

*RSE greater than 0.3

** Statistically significant

Income - numerator less than 20

Source: DC BRFSS 2013 survey

¹Centers for Disease Control and Prevention. Skin Cancer <http://www.cdc.gov/cancer/skin/> Accessed August 2014

A stroke occurs when the blood flow to the brain is blocked or when a blood vessel in the brain ruptures, causing brain tissue to die.¹ A stroke often starts as a sudden feeling of numbness or weakness on half of the body.¹

Stroke is the fifth leading cause of death in the U.S. and a major cause of adult disability.² About 800,000 people in the U.S. have a stroke each year. On average one American dies from a stroke every 4 minutes.²

Risk Factors

- Age, gender or race/ethnicity
- High cholesterol, heart disease or diabetes
- Sickle Cell Disease
- Unhealthy diet, physical inactivity or obesity
- Too much alcohol or tobacco use

BRFSS Data Findings

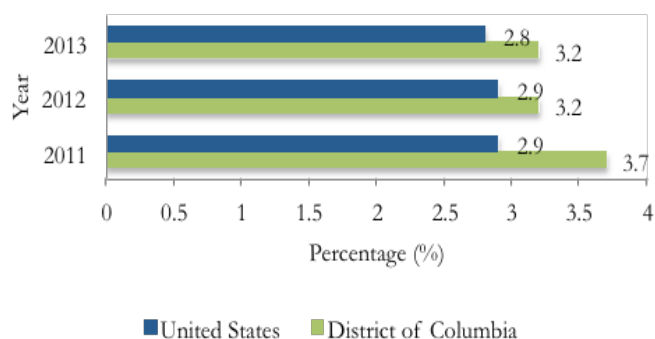
District adults were asked if they had ever been told by doctor, nurse or other health professional that they had a stroke. Overall, 3.2% of District adults had a stroke (Table 36).

District adults who were more likely to have a stroke were:

- Female
- Aged 65 years or older
- African American
- Had less than a high school education
- Had a household income less than \$15,000
- Resided in Wards 7 and 8

From 2011-2013 there were no changes among those who had a stroke nationwide or in the District of Columbia (Figure 21).

Figure 21. Adults who were told they had a Stroke, 2011-2013



Source: BRFSS survey

Table 36. District adults who had a stroke by demographics and ward, BRFSS 2013

	%	Stroke 95% CI	N
Total	3.2%	2.6%-3.9%	4915
Gender			
Male	2.8%	1.9%-4.0%	1933
Female	3.5%	2.8%-4.5%	2982
Age**			
18-39	*	*	*
40-64	4.1%	3.1%-5.4%	2219
65 or older	7.4%	5.8%-9.4%	1673
Race/Ethnicity**			
White	1.0%	.5%-2.3%	2202
African American	5.2%	4.1%-6.4%	2176
Education**			
Less than high school	6.7%	4.5%-9.9%	318
High school graduate	4.9%	3.4%-7.1%	773
Some college	4.4%	2.7%-7.0%	727
College graduate	1.1%	.7%-1.5%	3071
Income**			
Less than \$15,000	7.6%	5.2%-10.9%	462
\$15,000-\$24,999	6.6%	4.5%-9.5%	545
\$25,000-\$34,999	*	*	*
\$35,000-\$49,999	*	*	*
\$50,000 or more	1.2%	.6%-2.2%	2562
Ward**			
Ward 1	*	*	*
Ward 2	*	*	*
Ward 3	*	*	*
Ward 4	4.5%	2.4%-8.0%	608
Ward 5	3.7%	2.4%-5.7%	483
Ward 6	*	*	*
Ward 7	5.7%	3.6%-9.1%	473
Ward 8	5.5%	3.7%-8.1%	426

RSE greater and 0.3

**Statistically significant

Source: DC BRFSS 2013 survey

¹MedlinePlus. Stroke. <http://www.nlm.nih.gov/medlineplus/stroke.html>. Accessed March 2015

²Centers for Disease Control and Prevention. Stroke. <http://www.cdc.gov/stroke/>. Accessed March 2015

³National Heart, Lung and Blood Institute (NIH). Who Is at Risk for a Stroke? <http://www.nhlbi.nih.gov/health/health-topics/topics/stroke/atrisk>

The term “heart disease” often used interchangeably with cardiovascular disease, refers to several types of heart conditions. The most common type in the U.S. is coronary artery disease, which can cause heart attack, angina, heart failure, and arrhythmias.¹

Risk Factors²

- Tobacco use or alcohol
- Diet, physical inactivity or obesity
- Blood Cholesterol Levels
- High Blood Pressure
- Type 2 Diabetes
- Hereditary

BRFSS Data Finding

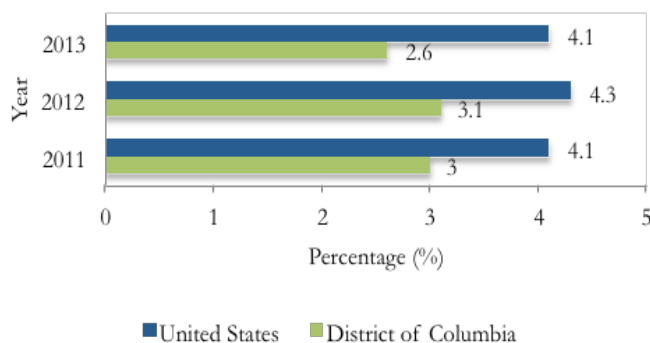
District adults were asked if they had ever been told by a doctor, nurse or other health professional that they had heart disease. Overall, 2.6% of District adults had heart disease (Table 37).

District adults who were more likely to have heart disease were:

- No difference in gender
- Aged 65 or older
- African American
- Have less than a high school education
- Household income less than \$15,000
- Resided in Ward 8

From 2011-2013, estimates for heart disease nationwide and in the District of Columbia continue to fluctuate, showing no changes in prevalence (Figure 22).

Figure 22. Adults who were told they had Heart Disease, 2011-2013



Source: BRFSS survey

Table 37. District adults who were diagnosed with heart disease by demographics and ward, BRFSS 2013

	Heart Disease		
	%	95% CI	N
Total	2.6%	2.1%-3.2%	4895
Gender			
Male	2.7%	2.0%-3.6%	1924
Female	2.5%	1.9%-3.3%	2971
Age**			
18-39	*	*	*
40-64	3.1%	2.2%-4.4%	2216
65 or older	9.1%	7.4%-11.0%	1657
Race/Ethnicity**			
White	1.8%	1.4%-2.4%	2198
African American	3.8%	2.8%-5.0%	2163
Education**			
Less than high school	4.9%	3.0%-8.1%	314
High school graduate	2.6%	1.6%-4.2%	766
Some college	3.2%	2.0%-5.2%	725
College graduate	1.7%	1.4%-2.1%	3064
Income**			
Less than \$15,000	4.1%	2.6%-6.5%	457
\$15,000-\$24,999	3.5%	1.9%-6.5%	543
\$25,000-\$34,999	*	*	*
\$35,000-\$49,999	3.2%	1.4%-7.2%	381
\$50,000 or more	1.9%	1.5%-2.4%	2558
Ward			
Ward 1	*	*	*
Ward 2	*	*	*
Ward 3	3.3%	2.0%-5.4%	764
Ward 4	3.1%	1.9%-4.8%	610
Ward 5	3.1%	1.9%-4.8%	481
Ward 6	*	*	*
Ward 7	3.2%	1.9%-5.3%	469
Ward 8	4.5%	2.5%-7.8%	424

*RSE greater than 0.3

** Statistically significant

Source: DC BRFSS 2013 survey

¹Mayo Clinic. Diseases and Conditions. Heart Disease. Definition. <http://www.mayoclinic.org/diseases-conditions/heart-disease/basics/definition/con-20034056>

²Centers for Disease Control and Prevention. Heart Disease Risk Factors. http://www.cdc.gov/heartdisease/risk_factors.htm. Accessed. March 2015

A heart attack, also called a myocardial infarction, occurs when a segment of the heart muscle dies or is damaged due to reduced blood supply. Coronary Artery Disease (CAD) is the primary cause of heart attacks.¹

Risk Factors²

- Age or family history of heart attack
- Tobacco or illegal drug use
- High blood pressure, diabetes or high blood cholesterol
- Lack of physical activity or obesity
- Stress
- A history of preclampsia
- A history of an autoimmune condition (rheumatoid arthritis or lupus)

BRFSS Data Findings

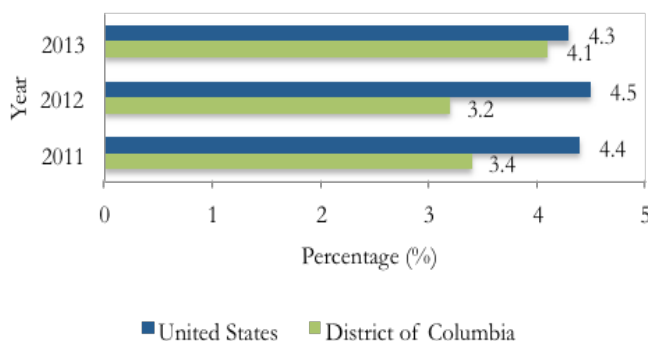
District adults were asked if they had ever been told by a doctor, nurse or other health professional that they had a heart attack. Overall, 4.1% of District adults were told they had a heart attack (Table 38).

District adults who were more likely to have had a heart attack were:

- Female
- Aged 65 or older
- African American
- Had less than a high school education
- Household income less than \$15,000
- Resided in Ward 8

From 2012 to 2013 the District of Columbia saw a 0.9% point increase among residents who had a heart attack compared nationwide where there were no changes in prevalence from 2011-2013 (Figure 23).

Figure 23. Adults who were told they had a Heart Attack 2011-2013



Source: BRFSS survey

Table 38. District adults were had a heart attack by demographics and ward, BRFSS 2013

	Heart Attack		
	%	95% CI	N
Total	4.1%	3.3%-5.2%	4905
Gender			
Male	3.7%	2.8%-4.9%	1928
Female	4.5%	3.2%-6.2%	2977
Age**			
18-39	*	*	*
40-64	4.5%	3.3%-6.1%	2213
65 or older	10.9%	8.8%-13.5%	1671
Race/Ethnicity**			
White	1.3%	.9%-1.8%	2206
African American	7.1%	5.6%-9.0%	2165
Education**			
Less than high school	14.7%	9.7%-21.8%	315
High school graduate	5.3%	3.6%-7.8%	766
Some college	2.9%	1.9%-4.3%	730
College graduate	1.4%	1.1%-1.9%	3069
Income**			
Less than \$15,000	10.0%	6.2%-15.7%	456
\$15,000-\$24,999	6.5%	4.3%-9.6%	547
\$25,000-\$34,999	6.3%	3.6%-10.8%	311
\$35,000-\$49,999	*	*	*
\$50,000 or more	1.3%	.9%-1.7%	2562
Ward**			
Ward 1	*	*	*
Ward 2	*	*	*
Ward 3	2.3%	1.2%-4.7%	769
Ward 4	3.7%	2.2%-6.1%	610
Ward 5	5.7%	3.2%-10.0%	481
Ward 6	2.9%	1.6%-5.2%	565
Ward 7	7.3%	4.6%-11.5%	472
Ward 8	12.3%	7.4%-20.0%	422

*RSE greater than 0.3

** Statistically significant

Source: DC BRFSS 2013 survey

¹ Centers for Disease Control and Prevention. Heart Attack. http://www.cdc.gov/heartdisease/heart_attack.htm

² Mayo Clinic. Diseases and Condition. Heart Attack. Risk Factors. <http://www.mayoclinic.org/diseases-conditions/heart-attack/basics/risk-factors/con-20019520>. Accessed March 2015

Vision loss means that a person’s eyesight is not corrected to a normal level, occurring suddenly or developed gradually over time.¹ The leading causes of low vision and blindness in the U.S. are age-related eye diseases like macular degeneration, cataract and glaucoma. Other eye disorders, eye injuries and birth defects can also cause vision loss.²

Approximately, 285 million people are estimated to be visually impaired worldwide, 39 million are blind and 246 have low vision. About 90% of the world’s visually impaired live in low-income settings and 82% of people living with blindness are aged 50 and above.²

District adults were asked if they were blind or had difficulty seeing, even when wearing glasses. Overall, 4.4% of District adults reported being blind or had difficulty seeing (Table 39).

District adults who were more likely to be blind or have a difficulty seeing were:

- Female
- Aged 65 or older
- African American
- Had less than a high school education
- Household income less than \$15,000
- Resided in Wards 8

Table 39. District adults who were either blind or had difficulty seeing by demographics and ward, BRFSS 2013

	Blind/Difficulty Seeing		
	%	95% CI	N
Total	4.4%	3.5%-5.4%	4818
Gender			
Male	3.7%	2.7%-5.0%	1905
Female	5.0%	3.8%-6.7%	2913
Age**			
18-39	*	*	*
40-64	5.7%	4.4%-7.3%	2170
65 or older	7.2%	5.7%-9.1%	1655
Race/Ethnicity**			
White	.8%	.5%-1.2%	2173
African American	6.9%	5.6%-8.6%	2121
Education**			
Less than high school	12.5%	8.2%-18.5%	309
High school graduate	6.8%	4.8%-9.6%	749
Some college	4.7%	2.8%-7.8%	711
College graduate	1.3%	.9%-1.7%	3024
Income**			
Less than \$15,000	15.3%	10.5%-21.6%	453
\$15,000-\$24,999	6.0%	4.1%-8.6%	530
\$25,000-\$34,999	6.0%	3.2%-11.2%	308
\$35,000-\$49,999	*	*	*
\$50,000 or more	.8%	.5%-1.2%	2521
Ward**			
Ward 1	4.4%	2.2%-8.7%	380
Ward 2	*	*	*
Ward 3	*	*	*
Ward 4	2.5%	1.5%-4.0%	599
Ward 5	6.6%	3.9%-11.0%	477
Ward 6	*	*	*
Ward 7	8.4%	5.1%-13.6%	465
Ward 8	11.5%	7.0%-18.3%	415

*RSE greater than 0.3

** Statistically significant

Source: DC BRFSS 2013 survey

¹MedicineNet.com. Vision Loss http://www.medicinenet.com/vision_loss/symptoms.htm

²<http://www.nlm.nih.gov/medlineplus/visionimpairmentandblindness.html> National Institutes of Health. Service of the US National Library of Medicine. MedlinePlus. Vision Impairment and <http://www.who.int/mediacentre/factsheets/fs282/en/> World Health Organization. Visual Impairment and Blindness

Difficulty Concentrating and Remembering

District of Columbia

District adults were asked if because of a physical, mental or emotional condition, they had serious difficulty concentrating, remembering or making decisions. Overall, 9.6% of District adults reported difficulty concentrating or remembering (Table 40).

District adults more likely to have had difficulty concentrating or remembering were:

- No difference between age
- Aged 40-64 years old
- African American
- Had less than a high school education
- Household income less than \$15,000
- Resided in Wards 8

Table 40. District adults who had difficulty concentrating or remembering by demographics and ward, BRFSS 2013

	Difficulty Concentrating or Remembering		
	%	95% CI	N
Total	9.6%	8.2%-11.2%	4787
Gender			
Male	9.7%	7.7%-12.2%	1894
Female	9.5%	7.7%-11.6%	2893
Age**			
18-39	7.7%	5.5%-10.6%	903
40-64	13.2%	11.1%-15.7%	2162
65 or older	7.3%	5.8%-9.0%	1637
Race/Ethnicity**			
White	3.6%	2.5%-5.1%	2165
African American	15.0%	12.5%-17.9%	2103
Other	6.4%	3.7%-10.8%	236
Education**			
Less than high school	21.6%	15.3%-29.5%	306
High school graduate	17.5%	13.8%-21.9%	742
Some college	10.9%	7.7%-15.3%	703
College graduate	2.9%	2.2%-3.9%	3012
Income**			
Less than \$15,000	26.3%	20.4%-33.2%	448
\$15,000-\$24,999	13.4%	9.4%-18.7%	523
\$25,000-\$34,999	*	*	*
\$35,000-\$49,999	2.5%	1.5%-4.2%	371
\$50,000 or more	2.9%	2.1%-4.0%	2518
Ward**			
Ward 1	8.2%	4.7%-13.9%	378
Ward 2	*	*	*
Ward 3	5.8%	3.5%-9.6%	758
Ward 4	8.6%	5.3%-13.6%	595
Ward 5	8.7%	5.6%-13.3%	472
Ward 6	9.4%	6.3%-13.8%	548
Ward 7	12.9%	8.4%-19.4%	457
Ward 8	25.2%	18.4%-33.5%	412

*RSE greater than 0.3

** Statistically significant

Source: DC BRFSS 2013 survey

District adults were asked if they had difficulty walking or climbing stairs. Overall, 11.7% of District adults reported difficulty walking or climbing the stairs (Table 41).

District adults who were more likely to experience difficulty walking or climbing stairs were:

- Female
- Aged 65 or older
- African American
- Had less than a high school education
- Household income less than \$15,000
- Resided in Wards 8

Table 41. District adults who had difficulty walking or climbing stairs by demographics and ward, BRFSS 2013

	Difficulty Walking or Climbing Stairs		
	%	95% CI	N
Total	11.7%	10.5%-13.1%	4783
Gender**			
Male	8.2%	6.7%-10.1%	1888
Female	14.9%	13.0%-16.9%	2895
Age**			
18-39	3.7%	2.4%-5.7%	903
40-64	17.3%	15.0%-20.0%	2157
65 or older	23.7%	21.1%-26.6%	1641
Race/Ethnicity**			
White	3.7%	2.9%-4.6%	2164
African American	19.9%	17.5%-22.5%	2103
Other	9.3%	5.6%-15.0%	237
Education**			
Less than high school	31.2%	24.5%-38.7%	305
High school graduate	18.1%	14.9%-21.8%	743
Some college	11.6%	8.9%-14.8%	700
College graduate	4.4%	3.6%-5.3%	3011
Income**			
Less than \$15,000	27.8%	22.4%-33.9%	448
\$15,000-\$24,999	23.2%	18.7%-28.3%	526
\$25,000-\$34,999	11.2%	7.6%-16.2%	303
\$35,000-\$49,999	7.0%	4.9%-9.9%	371
\$50,000 or more	2.9%	2.3%-3.7%	2515
Ward**			
Ward 1	9.8%	6.1%-15.3%	377
Ward 2	8.5%	5.3%-13.3%	389
Ward 3	5.6%	4.0%-7.9%	757
Ward 4	10.4%	7.6%-14.2%	592
Ward 5	15.8%	11.7%-20.9%	472
Ward 6	11.8%	8.4%-16.4%	552
Ward 7	17.5%	13.1%-23.0%	458
Ward 8	28.0%	21.7%-35.2%	412

**Statistically significant

Source: DC BRFSS 2013 survey

Difficulty Dressing and Bathing

District of Columbia

District adults were asked if they had difficulty dressing or bathing. Overall, 3.7% of District adults reported difficulty dressing or bathing (Table 42).

District adults who were more likely to experience difficulty dressing or bathing were:

- No difference between gender
- Aged 40 and older
- African American
- Had less than a high school education
- Household income less than \$15,000

Table 42. District adults who had difficulty dressing or bathing by demographics and ward, BRFSS 2013

	Difficulty Dressing or Bathing		
	%	95% CI	N
Total	3.7%	3.0%-4.6%	4793
Gender			
Male	3.5%	2.4%-5.0%	1892
Female	3.9%	3.1%-5.0%	2901
Age**			
18-39	.8%	.4%-1.9%	903
40-64	6.4%	4.8%-8.5%	2158
65 or older	6.2%	4.9%-7.9%	1649
Race/Ethnicity**			
White	1.0%	.6%-1.6%	2169
African American	6.3%	4.9%-8.0%	2105
Education**			
Less than high school	10.5%	6.8%-15.9%	307
High school graduate	5.8%	4.0%-8.4%	740
Some college	3.5%	2.4%-5.3%	703
College graduate	1.2%	.8%-1.7%	3018
Income**			
Less than \$15,000	10.3%	7.1%-14.7%	449
\$15,000-\$24,999	6.8%	4.4%-10.4%	528
\$25,000-\$34,999	3.1%	1.6%-5.6%	305
\$35,000-\$49,999	.9%	.4%-2.1%	373
\$50,000 or more	1.1%	.7%-1.7%	2517

** Statistically significant

Ward - RSE greater than 0.3 - numerator less than 20

Source: DC BRFSS 2013 survey

District adults were asked if because of a physical, mental or emotion condition, they had difficulty doing errands alone such as visiting a doctor’s office or shopping. Overall, 6.6% of District adults reported difficulty doing errand alone (Table 43).

District adults who were more likely to experience difficulty doing errands alone were:

- Female
- Aged 40 or older
- African American
- Had less than a high school education
- Household income less than \$15,000
- Resided in Wards 8

Table 43. District adults who had difficulty doing errands along by demographics and ward, BRFSS 2013

	Difficulty Doing Errands		
	%	95% CI	N
Total	6.6%	5.7%-7.7%	4777
Gender**			
Male	5.3%	4.0%-7.1%	1887
Female	7.8%	6.6%-9.3%	2890
Age**			
18-39	2.7%	1.7%-4.4%	901
40-64	10.1%	8.3%-12.3%	2151
65 or older	10.3%	8.7%-12.2%	1645
Race/Ethnicity**			
White	2.4%	1.7%-3.4%	2168
African American	11.2%	9.3%-13.3%	2098
Other	6.4%	3.6%-11.2%	236
Education**			
Less than high school	13.6%	9.5%-19.1%	302
High school graduate	11.9%	9.2%-15.3%	740
Some college	7.4%	5.3%-10.3%	701
College graduate	2.5%	1.9%-3.3%	3009
Income**			
Less than \$15,000	19.9%	15.1%-25.9%	449
\$15,000-\$24,999	10.9%	8.0%-14.7%	526
\$25,000-\$34,999	4.7%	2.9%-7.6%	305
\$35,000-\$49,999	3.8%	2.3%-6.0%	373
\$50,000 or more	2.0%	1.4%-2.9%	2512
Ward**			
Ward 1	*	*	*
Ward 2	*	*	*
Ward 3	1.8%	1.2%-2.8%	757
Ward 4	6.4%	4.2%-9.5%	591
Ward 5	8.9%	5.7%-13.6%	470
Ward 6	4.7%	3.1%-7.1%	552
Ward 7	10.5%	7.1%-15.3%	457
Ward 8	16.7%	12.1%-22.6%	411

*RSE greater than 0.3 or numerator less than 20

**Statistically significant

Source: DC BRFSS 2013 survey

Worry or Stress about Money to Pay Rent/Mortgage

District of Columbia

District adults were asked how often they worry or stress about having enough money to pay their rent/mortgage within the past 12 months. Overall, 7.9% of District adults always worry about having enough money to pay their rent/mortgage (Table 44).

District adults who were more likely to stress and worry about having money to pay their rent/mortgage were:

- Female
- Aged 18-24 years old
- African American
- High school graduate
- Household income less than \$15,000
- Resided in Wards 5 and 8

Table 44. District adults who always or usually worry or stress about having enough money to pay their rent/mortgage within the past 12 months by demographics and ward, BRFSS 2013

	Always		
	%	95% CI	N
Total	7.9%	6.5%-9.6%	4004
Gender			
Male	7.3%	5.3%-9.8%	1544
Female	8.4%	6.5%-10.8%	2460
Age			
18-24	12.9%	5.6%-26.9%	68
25-34	6.0%	3.5%-9.9%	344
35-44	10.2%	6.7%-15.2%	534
45-54	10.1%	7.2%-14.1%	702
55-64	9.2%	6.8%-12.4%	918
65 or older	3.0%	2.0%-4.5%	1438
Race/Ethnicity**			
White	1.8%	.9%-3.2%	1915
African American	13.7%	11.1%-16.7%	1684
Other	4.5%	1.9%-10.5%	182
Hispanic	6.3%	2.7%-13.7%	142
Education**			
Less than high school	13.0%	7.5%-21.5%	244
High school graduate	17.3%	12.8%-22.9%	558
Some college	10.0%	6.9%-14.4%	557
College graduate	2.8%	1.9%-4.1%	2632
Income**			
Less than \$15,000	25.1%	18.1%-33.7%	337
\$15,000-\$24,999	12.3%	8.3%-17.8%	412
\$25,000-\$34,999	11.0%	6.1%-18.9%	254
\$35,000-\$49,999	9.1%	4.1%-19.1%	316
\$50,000 or more	2.3%	1.4%-3.8%	2239
Ward**			
Ward 1	6.4%	3.3%-12.3%	326
Ward 2	4.1%	1.4%-11.0%	349
Ward 3	3.5%	1.7%-7.3%	685
Ward 4	8.8%	5.0%-15.1%	483
Ward 5	14.3%	9.6%-20.7%	396
Ward 6	4.6%	2.3%-8.8%	503
Ward 7	12.9%	8.3%-19.4%	378
Ward 8	14.4%	8.1%-24.4%	321

**Statistically significant

Source: DC BRFSS 2013 survey

Worry or Stress Over Money for Nutritious Meals

District adults were asked how often they worry or stress about having enough money to buy nutritious meals. Overall, 12.9% of District adults stated that they sometimes worry or stress about having enough money to buy nutritious meals (Table 45).

District adults who were more likely to state that they sometimes stress or worry about having money to buy nutritious meals were:

- Female
- Aged 18-24 years old
- African Americans
- Have less than a high school education
- Household income \$35,000
- Resided in 8

Table 45. District adults who usually or sometimes worry or stress about having enough money to buy nutritious meals by demographics and ward, BRFSS 2013

	Sometimes		
	%	95% CI	N
Total	12.9%	11.3%-14.8%	4170
Gender			
Male	11.5%	9.1%-14.4%	1610
Female	14.2%	12.0%-16.7%	2560
Age**			
18-24	20.9%	12.7%-32.3%	95
25-34	10.9%	7.6%-15.4%	357
35-44	10.9%	7.9%-14.8%	551
45-54	16.4%	12.8%-20.9%	729
55-64	13.8%	10.5%-18.0%	961
65 or older	9.5%	7.4%-12.1%	1477
Race/Ethnicity**			
White	5.6%	3.9%-8.1%	1954
African American	19.1%	16.4%-22.2%	1783
Other	11.1%	5.6%-20.8%	196
Hispanic	15.5%	8.2%-27.6%	148
Education**			
Less than high school	18.2%	12.8%-25.3%	258
High school graduate	23.8%	18.8%-29.7%	605
Some college	16.4%	12.3%-21.4%	597
College graduate	6.2%	4.9%-8.0%	2694
Income**			
Less than \$15,000	22.3%	16.4%-29.6%	374
\$15,000-\$24,999	23.4%	18.0%-29.9%	442
\$25,000-\$34,999	22.4%	15.0%-32.0%	262
\$35,000-\$49,999	11.1%	6.6%-18.1%	324
\$50,000 or more	5.6%	4.0%-7.7%	2264
Ward**			
Ward 1	13.9%	8.6%-21.7%	336
Ward 2	7.9%	3.8%-15.7%	357
Ward 3	6.7%	3.1%-13.7%	697
Ward 4	9.6%	6.5%-14.0%	515
Ward 5	14.1%	10.0%-19.5%	416
Ward 6	12.2%	7.4%-19.3%	516
Ward 7	17.5%	12.4%-24.1%	396
Ward 8	19.4%	13.9%-26.4%	341

**Statistically significant

Source: DC BRFSS 2013 survey

District adults were asked how they are generally paid for the work they do. Overall, 58.5% of District adults were paid by salary and 30.5% were paid by the hour (Table 46).

District adults who are generally paid by salary were:

- No difference by gender
- Aged 35-44 years old
- White
- College graduate
- Household income less than \$50,000
- Resided in Ward 3

District adults who were generally paid by the hour were:

- Female
- Aged 18-24 years old
- African American
- Had less than a high school education
- Household income less than \$15,000
- Resided in Ward 7

Table 46. District adults who were generally paid for the work they do by salary or hour by demographics and ward, BRFSS 2013

	Paid by salary		Paid by the hour		N
	%	95% CI	%	95% CI	
Total	58.5%	55.0%-61.8%	30.5%	27.2%-34.0%	2188
Gender					
Male	58.2%	52.9%-63.3%	29.5%	24.5%-35.0%	949
Female	58.7%	54.1%-63.1%	31.5%	27.3%-36.1%	1239
Age**					
18-24	21.2%	10.4%-38.4%	73.8%	56.6%-85.9%	38
25-34	65.9%	58.5%-72.5%	28.5%	22.2%-35.9%	285
35-44	69.3%	63.0%-74.9%	19.0%	14.4%-24.7%	446
45-54	56.3%	49.8%-62.6%	29.5%	23.4%-36.5%	541
55-64	51.9%	46.3%-57.6%	32.5%	27.0%-38.6%	545
65 or older	36.2%	30.0%-43.0%	36.1%	29.1%-43.7%	333
Race/Ethnicity**					
White	75.4%	71.5%-78.9%	13.6%	10.7%-17.2%	1266
African American	31.4%	26.5%-36.8%	56.5%	50.5%-62.3%	665
Other	62.9%	49.0%-75.0%	29.1%	17.7%-43.8%	111
Hispanic	64.2%	50.4%-76.1%	26.1%	15.5%-40.6%	113
Education**					
Less than high school	19.2%	6.7%-44.0%	78.8%	54.9%-91.9%	39
High school graduate	20.3%	13.8%-28.8%	69.0%	59.3%-77.3%	179
Some college	32.3%	23.8%-42.3%	53.5%	43.8%-63.0%	226
College graduate	76.5%	73.6%-79.1%	12.5%	10.5%-14.8%	1740
Income**					
Less than \$15,000	3.0%	.4%-17.4%	90.1%	75.4%-96.4%	26
\$15,000-\$24,999	10.3%	5.0%-19.9%	76.0%	64.7%-84.5%	122
\$25,000-\$34,999	24.2%	12.7%-41.2%	64.2%	48.6%-77.3%	110
\$35,000-\$49,999	39.9%	26.9%-54.6%	49.0%	35.2%-62.9%	144
\$50,000 or more	77.0%	73.9%-79.9%	12.8%	10.6%-15.5%	1623
Ward**					
Ward 1	67.7%	56.4%-77.3%	26.2%	17.1%-37.8%	211
Ward 2	60.2%	47.9%-71.4%	28.0%	17.6%-41.4%	204
Ward 3	69.7%	62.8%-75.8%	15.5%	10.9%-21.8%	416
Ward 4	60.6%	51.4%-69.2%	27.9%	20.2%-37.1%	248
Ward 5	49.1%	38.6%-59.7%	40.0%	29.6%-51.4%	192
Ward 6	62.0%	52.8%-70.4%	23.8%	16.5%-33.0%	290
Ward 7	24.5%	16.7%-34.5%	67.1%	55.3%-77.2%	142
Ward 8	29.2%	17.8%-44.0%	58.2%	43.5%-71.7%	116

**Statistically significant

Source: DC BRFSS 2013 survey

District adults were asked if they voted in the last Presidential election between President Barack Obama and Mitt Romney. Overall, 18.9% of District adults did not vote in the last presidential election (Table 47).

District adults who were less likely to vote in the Presidential election were:

- Male
- Aged 18-24 years old
- Hispanic
- Have less than a high school education
- Household income \$15,000-\$24,999
- Resided in Ward 8

Table 47. District adults who did not vote in the last Presidential Election between President Barack Obama and Mitt Romney by demographics and ward, BRFSS 2013

	Did Not Vote in Last Presidential Election		
	%	95% CI	N
Total	18.9%	16.7%-21.3%	4139
Gender**			
Male	25.2%	21.4%-29.4%	1597
Female	13.6%	11.4%-16.1%	2542
Age**			
18-24	41.3%	30.4%-53.2%	95
25-34	23.2%	17.9%-29.4%	353
35-44	19.5%	14.9%-25.1%	545
45-54	13.0%	9.5%-17.6%	727
55-64	12.3%	9.5%-15.6%	954
65 or older	10.9%	8.2%-14.2%	1465
Race/Ethnicity**			
White	15.2%	12.4%-18.6%	1948
African American	17.8%	14.6%-21.6%	1764
Other	25.9%	17.5%-36.4%	194
Hispanic	40.7%	29.2%-53.4%	148
Education**			
Less than high school	29.0%	20.7%-39.1%	255
High school graduate	28.1%	22.5%-34.5%	596
Some college	15.8%	11.1%-21.9%	593
College graduate	13.9%	11.8%-16.4%	2680
Income**			
Less than \$15,000	21.4%	15.2%-29.2%	370
\$15,000-\$24,999	23.3%	16.9%-31.3%	439
\$25,000-\$34,999	20.5%	12.5%-31.8%	259
\$35,000-\$49,999	22.4%	13.6%-34.7%	320
\$50,000 or more	14.2%	11.7%-17.0%	2257
Ward**			
Ward 1	15.2%	9.2%-24.0%	332
Ward 2	16.6%	9.1%-28.4%	354
Ward 3	13.2%	8.9%-19.1%	696
Ward 4	13.6%	8.5%-21.0%	513
Ward 5	9.5%	6.0%-14.5%	413
Ward 6	8.7%	5.3%-14.1%	513
Ward 7	17.2%	10.2%-27.6%	393
Ward 8	22.5%	15.4%-31.7%	337

** Statistically significant

Source: DC BRFSS 2013 survey

According to the Americans with Disabilities Act (ACA), disability is defined as individual's who are physically or mentally impaired and limited in one or more major life activities.¹

Disability Types¹

- Hearing, vision or cognitive difficulty
- Ambulatory difficulty
- Self-care difficulty or independent living difficulty

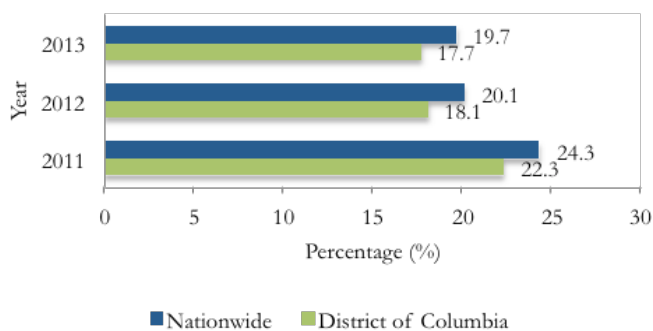
District adults were asked if they were limited in any activities due to physical, mental or emotional problems. Overall, 17.7% of District adults were limited in their activities due to a physical, mental or emotional problem (Table 48).

District adults who were more likely to be limited in their activities were:

- Female
- Aged 65 years and older
- African American
- Have less than a high school education
- Household income less than \$15,000
- Resided in Ward 8

Since 2011-2013, individuals who were limited in their activities saw a steady but slight decrease in the District of Columbia and nationwide (Figure 24).

Figure 24. Adults who were Limited in their Activities Due to Physical, Mental or Emotional Problems, 2011-2013



Source: BRFSS survey

Table 48. District adults who are limited in their activities due to physical, mental or emotional problems by demographics and ward, BRFSS 2013

	Limited In Activities Due to Health Problems		
	%	95% CI	N
Total	17.7%	16.1% -19.4%	4841
Gender			
Male	17.3%	14.9%-20.0%	1908
Female	18.0%	15.9%-20.3%	2933
Age **			
18-39	9.9%	7.6% -12.8%	916
40-64	24.6%	21.9% -27.5%	2177
65 or older	25.7%	23.0% -28.5%	1662
Race/Ethnicity**			
White	12.7%	10.8% -15.0%	2181
African American	23.3%	20.6% -26.2%	2135
Other	14.7%	9.8% -21.4%	240
Hispanic	8.4%	4.3% -15.7%	170
Education Level**			
Less than high school	30.9%	24.0% -38.9%	313
High school graduate	25.3%	21.0% -30.1%	751
Some college	16.5%	13.3% -20.1%	718
College graduate	11.8%	10.3% -13.6%	3035
Income**			
Less than \$15,000	35.3%	28.8% -42.3%	454
\$15,000-\$24,999	26.0%	21.1% -31.6%	535
\$25,000-\$34,999	16.3%	11.5% -22.6%	308
\$35,000-\$49,999	11.9%	8.2% -17.2%	377
\$50,000	10.6%	9.0% -12.4%	2537
Ward**			
Ward 1	17.3%	11.9% -24.3%	378
Ward 2	11.2%	7.8% -15.8%	391
Ward 3	15.4%	12.3% -19.1%	761
Ward 4	19.4%	15.1% -24.5%	600
Ward 5	21.0%	15.9% -27.1%	481
Ward 6	14.8%	11.2% -19.2%	555
Ward 7	17.9%	13.4% -23.5%	466
Ward 8	31.8%	24.8% -39.7%	417

** Statistically significant

Source: DC BRFSS 2013 survey

¹Older Americans With a Disability: 2008-2012. <https://www.census.gov/content/dam/Census/library/publications/2014/acs/acs-29.pdf>

Individuals who require the use of special equipment such as a cane or wheelchair due to health problems may need accommodations in their home or workplace.¹ According to the 2000 Census data, 24.4 percent of people between the ages of 5 and 64 have a disability, many of whom live in households with an annual income under \$15,000. Individuals with limited income/resources may have difficulty obtaining the equipment they require for daily activities.¹

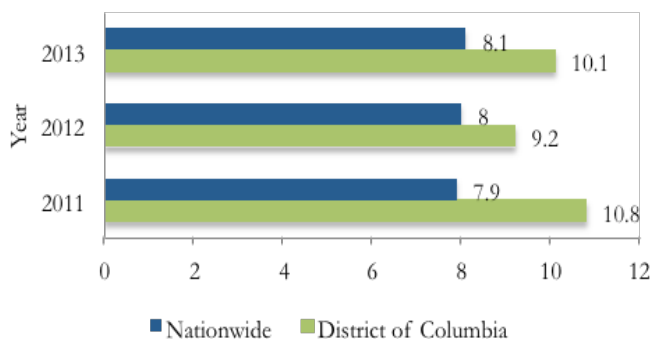
District adults were asked if they had any health problems that require the use of special equipment. Overall, 10.1% of District adults were required to use special equipment due to a health problem (Table 49).

District adults who had health problems that required the use of special equipment were:

- Female
- Aged 65 years or older
- African American
- < than high school
- Less than \$15,000
- Resided in Ward 8

The District of Columbia saw a 1.6% point decrease from 2011 to 2012 among residents who required the use of special equipment. Nationwide there were no changes from 2011-2013 (Figure 25).

Figure 25. Adults who had a Health Problem that Requires the Special Equipment, 2011-2013



Source: BRFSS survey

Table 49. District adults who have health problems that requires the use of special equipment by demographics and ward, BRFSS 2013

	Require Use of Special Equipment		
	%	CI	N
Total	10.1%	9.0% -11.3%	4831
Gender**			
Male	8.5%	7.0% -10.3%	1909
Female	11.4%	9.9% -13.2%	2922
Age**			
18-39	2.6%	1.5% -4.3%	909
40-64	13.4%	11.3% -5.8%	2172
65 or older	25.4%	22.6% -28.4%	1664
Race/Ethnicity**			
White	4.4%	3.4% -5.5%	2176
African American	15.8%	13.8% -18.1%	2130
Other	9.6%	5.7% -15.7%	240
Education Level**			
Less than high school	27.0%	20.9% -34.1%	310
High school graduate	14.5%	11.7% -17.9%	752
Some college	8.9%	7.1% -11.2%	715
College graduate	4.4%	3.7% -5.2%	3030
Income**			
Less than \$15,000	21.3%	16.9% -26.5%	454
\$15,000-\$24,999	20.2%	16.1% -25.1%	534
\$25,000-\$34,999	10.9%	7.1% -16.3%	308
\$35,000-\$49,999	6.3%	4.3% -9.0%	376
\$50,000	3.1%	2.5% -3.8%	2524
Ward**			
Ward 1	8.4%	5.2% -13.3%	378
Ward 2	5.0%	3.4% -7.3%	392
Ward 3	6.8%	4.7% -9.7%	761
Ward 4	9.2%	6.9% -12.1%	602
Ward 5	13.9%	10.0% -19.0%	479
Ward 6	9.8%	7.1% -13.4%	554
Ward 7	14.0%	10.6% -18.3%	466
Ward 8	22.0%	16.6% -28.7%	417

Hispanic excluded due to RSE greater than .3

**Statistically significant

Source: DC BRFSS 2013 survey

Human immunodeficiency virus (HIV) is the virus that can lead to acquired immunodeficiency syndrome, or AIDS.¹

Risk Factors¹

- Unprotected sex - anal or vaginal
- Have another sexually transmitted infections (STI)
- Use intravenous drugs
- Uncircumcised men

District adults were asked if they had ever been tested for HIV. Overall, 29.3% of adults have not been tested for HIV (Table 50).

District adults less likely to be tested for HIV were:

- Female
- Aged 65 years or older
- White
- College graduate
- Household income \$35,000-\$49,999
- Resided in Ward 3

Table 50. District adults who have not been tested for HIV by demographics and ward, 2013

	Have not been tested for HIV		
	%	CI	N
Total	29.3%	27.2%-31.5%	4189
Gender			
Male	27.1%	23.9%-30.7%	1634
Female	31.2%	28.4%-34.1%	2555
Age**			
18-24	35.0%	26.0%-45.2%	124
25-34	22.4%	17.8%-27.7%	403
35-44	13.4%	10.4%-17.0%	558
45-54	19.2%	15.1%-24.1%	732
55-64	28.3%	24.8%-32.1%	946
65 or older	66.5%	63.0%-69.8%	1426
Race/Ethnicity**			
White	36.8%	33.3%-40.4%	1943
African American	21.8%	19.3%-24.6%	1800
Other	31.9%	22.9%-42.4%	205
Hispanic	29.7%	20.1%-41.5%	150
Education Level**			
Less than high school	31.1%	23.9%-39.4%	261
High school graduate	22.1%	17.9%-27.1%	610
Some college	28.8%	23.2%-35.2%	607
College graduate	31.6%	29.0%-34.4%	2693
Income Level**			
Less than \$15,000	17.2%	12.2%-23.7%	377
\$15,000-\$24,999	27.4%	21.6%-34.0%	446
\$25,000-\$34,999	24.8%	18.5%-32.5%	271
\$35,000-\$49,999	35.4%	26.9%-44.9%	328
\$50,000	30.8%	27.9%-33.9%	2266
Ward**			
Ward 1	19.7%	14.0%-27.2%	333
Ward 2	33.2%	24.6%-43.0%	346
Ward 3	44.5%	38.6%-50.6%	668
Ward 4	32.1%	26.1%-38.7%	502
Ward 5	25.9%	20.5%-32.1%	424
Ward 6	33.2%	27.2%-39.9%	508
Ward 7	23.0%	17.1%-30.0%	394
Ward 8	16.6%	11.8%-22.8%	342

**Statistically significant

Source: DC BRFSS 2013 survey

¹CDC.gov. HIV Risk. <http://www.cdc.gov/hiv/risk/> - Accessed February 2015

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